DIRECT DEPOSIT APPLICATION
for Employment Insurance (EI) Benefits

Please print clearly and in block letters. Do not use this form to provide change of address information. Do not enclose anything other a blank cheque with "VOID" written on it this form.

A - PERSONAL INFORMATION

		1	Social Insurance Number (999 999 999)
2	Last Name / First Name / Initial(s)		
3	Address	**4**	Telephone No. (home)
	Postal Code	**5**	Telephone No. (cell)

B - REQUESTED ACTION

6	Check one only	◯ Start Direct Deposit	◯ Change Direct Deposit	◯ End Direct Deposit
	Effective Date	(YYYY - MM - DD)	(YYYY - MM - DD)	(YYYY - MM - DD)

C - FINANCIAL INSTITUTION INFORMATION

INSTRUCTIONS FOR SECTION C

This form can only be used for direct deposit payments destined for domestic (Canadian) bank accounts that use standard routing information, i.e., a Branch Number, Institution Number and Account Number.

1. **Complete Boxes 7, 8 and 9 with the routing number (bank account information) printed on your cheque or statement or attach a blank cheque with "void" written on it.**
2. **Complete Box 10, if applicable.**
3. **Provide the name and address of the Financial Institution in Box 11.**

DIRECT DEPOSIT ROUTING NUMBER						**11**	Canadian Financial Institution Name, Address and Postal Code
7	Branch Number	**8**	Inst. No.	**9**	Account Number		
10	Name(s) of the other Account Holder(s) if a joint account.						Telephone Number of Financial Institution (with Area Code)

The personal information collected is administered in accordance with the Department of Employment and Social Development Act and the Privacy Act. Individuals have the right to the protection of and access to their personal information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank ESDC PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "Info Source", which is available at the following address: http://canada.ca/infosource-ESDC. Info source may also be accessed online at any Service Canada Centre.

D - AUTHORIZATION AND SIGNATURE

1. I, the undersigned, have read and understand this request form. I have applied for Employment Insurance Benefits and until further notice, authorize Service Canada to deposit my Employment Insurance Benefits into my account by means of Direct Deposit.
2. The information on or included with this form replaces any previous Direct Deposit information provided by me.
3. In addition, I authorize Service Canada to redirect the deposit of my Employment Insurance Benefits to an account number other than the one listed above when Service Canada is notified by the financial institution of changes to the Financial Institution, branch or account number.

   To avoid delayed payments, I will use My Service Canada Account (MSCA), visit Service Canada in person or contact the EI Call Centre immediately if I change Financial Institutions, branches, close my account or change my residence or mailing address.

12	Signature	Date (YYYY - MM - DD)

Return the completed form to Service Canada.
https://www.canada.ca/en/employment-social-development/corporate/contact/ei-individual.html