

Personal Care Home Benefit (PCHB) Direct Deposit Payment Request Form



Section 1 – Direct Deposit

Check one only:

I want to start Direct Deposit

I want to change my Direct Deposit information

Full Name

Mailing Address
(as shown on your
PCHB Application)

Section 2 – Bank Information

Please do A or B: (A is preferable unless it is a non-chequing account.)

- A. Attach a current blank cheque marked "VOID" . The payee's name and address should be pre printed on the cheque; OR
 B. Have an official from your financial institution provide the following information regarding your current bank account.

Branch

Institution

Account Number

Name and Address of Financial Institution

Signature of Bank Official

Bank Stamp

Section 3 – Authorization

I hereby authorize direct deposit to the account designated above. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signature of Applicant or Designated Person

Date (dd/mm/yyyy)

Phone Number

**For
Office
Use Only**

Supplier Site Name _____ Supplier Number (if known) _____

Date Received in Finance _____ Received by _____

Date Entered on MIDAS _____ Entered by _____