



# Request for Direct Deposit

Your pension plan encourages updating your contact and direct deposit information directly through [mypensionplan.ca](http://mypensionplan.ca). This quick, convenient and secure method will save you time and can be used to manage your pension information.

**Registration is easy! Go to [www.mypensionplan.ca](http://www.mypensionplan.ca).**

Alternatively, you may send this completed form to:

Alberta Pensions Services Corporation (APS) 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9

Fax: 780-415-8792 Phone toll-free: 1-877-422-4748

Pension plan name: \_\_\_\_\_

## SECTION 1 – PERSONAL INFORMATION (Please print)

Last name \_\_\_\_\_ First name and initials \_\_\_\_\_

Address \_\_\_\_\_  
Apt Street number

City Province/State Postal code/Zip code Country

Telephone number (area code and number) Identifier number Social insurance number

## SECTION 2 – FINANCIAL INSTITUTION ACCOUNT INFORMATION (Please print)

If you have personalized cheques on which your name, address and account number are printed, please enclose a blank cheque with the word "VOID" written across it and return with this form\*.

Canadian financial institution			
Paid to		20	
"VOID"		\$	
		dollars	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cheque number	Branch number	Financial institution number	Account number

**\*If you change accounts, please do not close your previous account until your monthly pension is deposited in your new account.**

If you do not have personalized cheques, please provide the following information (see example above):

Name and address of financial institution \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone number \_\_\_\_\_

Branch number & Financial institution number \_\_\_\_\_

Account Number \_\_\_\_\_

## SECTION 3 – AUTHORIZATION

By signing below, I authorize APS to deposit my monthly pension payments directly into my account at the Canadian financial institution indicated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal information on this form is collected under the authority of section 9.2 of the Alberta *Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of depositing your monthly pension payments directly into your account. If you have any questions regarding the collection of this information, please contact APS at 1-877-422-4748, or please write to them c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.