

6767, route de l'Aéroport Saint-Hubert (Québec) J3Y 8Y9 www.espace.gc.ca Canadian Space Agency

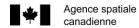
6767, route de l'Aéroport Saint-Hubert, Quebec J3Y 8Y9 www.space.gc.ca PRIVACY NOTICE The personal information is collected under the Financial Administration Act, ss. 17(1) and 35(2). The information is used and disclosed to relevant federal program(s) and your financial institution for direct deposit parpeases. Pires deposit parpeases commoder ED A made without provision of information requested resonal information is protected in ED A accordance with the provisions of the *Privacy Act*. Under the Act, individuals and businesses have a right to request access and correct their personal information, if erroneous or incomplete.

Direct deposit request form

Part A: To be completed by applicant

Profession language Consider Note Consider Note									
Sear Direct Deposit Change Direct Deposit Seap Direct Deposit Seap Name of the Applicant (Business or Individual Applicant Name)		Preferred language French		C English					
Address Province:	1	_	Char	ige Direct	Deposit Informa	ation	Stop Dire	ct Deposit	
Operating Businesa Name Name of Patent Company, if applicable Address City Province: Postal code E-mail address Provide the following if applicable: Business or GST Number Social Insultance Number (individuals only) art B: Complete Part B and have it confirmed by your financial institution OR for Canada Only attach a voided cheque and omplete Box 7. Branch No. Branch No. Account Number 7 Name(s) of Account Holder(s) – if different from box 2: 8 Financial Institution Name, Address and Postal Code 7 Pinancial Institution Name, Address and Postal Code Financial Institution Name, Address and Postal Code 8 Financial Institution Name, Address and Postal Code Financial Institution Name, Address and Postal Code 1 Same of the authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) from Canadian Space Agency directly into the bank account specified until further notice.	2	Legal Name of the Applican	t (Business or Individual						
Name of Parent Company, if applicable Address City Postal code Email address Provide the following if applicable: Business or GST Number Social Insurance Number (individuals only) art B: Complete Part B and have it confirmed by your financial institution OR for Canada Only attach a voided cheque and omplete Box 7. Branch No. Inst. No. Account Number 7 Name(s) of Account Holder(s) – if different from box 2: 8 Financial Institution Name, Address and Postal Code 7 Name(s) of Account Holder(s) – if different from box 2: 9 Confirmation of Financial Institution Official Financial Institutions Stamp Here Date artie C / Part C: 1 as an authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) from Canadian Space Agency directly into the bank account specified until further notice.	_								
City Province: Province Province: Province:	3	Name of Parent Company, if applicable							
Postal code E-mail address Provide the following if applicable: Business or GST Number Social Insurance Number (Individuals only) art B: Complete Part B and have it confirmed by your financial institution OR for Canada Only attach a voided cheque and omplete Box 7. Beach No. Inst. No. Account Number 7 Name(s) of Account Holder(s) – if different from box 2: 8 Financial Institution Name, Address and Postal Code Telephone number of Financial Institution Official Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number of Financial Institution Name, Address share Postal Code Telephone number o		Address							
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Business or GST Number OST Number		E-mail address				•			
art B: Complete Part B and have it confirmed by your financial institution OR for Canada Only attach a voided cheque and omplete Box 7. Branch No. Swift code for USA:	5	Provide the following if applicable:							
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art B: Complete Part B and have it confirmed by your financial institution OR for Canada Only attach a voided cheque and omplete Box 7. Branch No.		QST Number							
Branch No. Branch No. Swift code for USA:		Social Insurance Number (Individuals only)							
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Financial Institutions Stamp Here artie C / Part C: I, as an authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) from Canadian Space Agency directly into the bank account specified until further notice. Name of the authorized Representative (Applicant) Block letters	8	Financial Institution Name, Address and Postal Code							
I, as an authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) from Canadian Space Agency directly into the bank account specified until further notice. Name of the authorized Representative (Applicant) Block letters	9	Confirmation of Financial Ins	stitution Official						
I, as an authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) from Canadian Space Agency directly into the bank account specified until further notice. 10 Name of the authorized Representative (Applicant) Block letters					Financial Institutions Stamp Here				Date
Agency directly into the bank account specified until further notice. 10 Name of the authorized Representative (Applicant) Block letters	artie	C / Part C:							
Block letters	I, as Age	an authorized representa	tive of this business, gra	ant the Rurther no	teceiver Generatice.	ral for Canada the rigl	ht to deposit	future payment(s) from	Canadian Space
11 Signature of Applicant X Date	10	Name of the authorized Re	presentative (Applicant)				Block lette	ers	
	11	Signature of Applicant	x				Date		





Saint-Hubert (Québec) www.espace.gc.ca

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Instructions for completion

Part A:

Complete all sections. All payment notifications will be sent to the e-mail address provided. Please ensure your address is correct and up-to-date. Should the direct deposit fail for any reason, a cheque will automatically be produced and mailed to the address provided.

Part B:

Canada: Attach a voided cheque or facsimile (please staple to the form) and complete box 7 OR complete

Boxes 6, 7, 8 and 9.

: Complete boxes 6, 7, 8 and 9 USA

Boxes 6 and 7: Provide information to identify your branch number, financial institution number, account number, swift code and the name of the Account holder.

Boxes 8 and 9: Must be completed by your financial institution.

Part C:

Box 10: Applicant's name (block letters) Box 11: Applicant's signature and date.

Send Completed Forms to:

By email:

Send the form and the voided cheque to: FichierFournisseur-VendorRecord@asc-csa.qc.ca

Or by mail:

Accounting Operations and Financial Policies – Vendor Records Canadian Space Agency 6767, rte de l'Aéroport Saint-Hubert QC J3Y 8Y9

General Information

- 1. This form can only be used for payments deposited in Canada or in the USA.
- 2. If, after the start of direct deposit, you wish to revoke your direct deposit authorization OR change your financial institution, the branch of your financial institution or your account number you must complete a new Direct Deposit Request Form. When you request one of these changes, DO NOT close your present direct deposit account until you receive your payment in accordance with that change.
- 3. All payments over \$5,000 will be subject to a one-time test deposit to ensure the payment is made to the correct bank account. This means that your first payment over \$5,000 may be delayed while Canadian Space Agency confirms the accuracy of your banking information. A payment of under \$10 will be deposited to your account to test your banking information. Once you confirm with you that you have received the small payment, the remaining amount of the payment will be deposited into your account. This process will only occur once unless you change your banking information.

