

**MANITOBA FAMILIES  
DIRECT DEPOSIT ENROLLMENT FORM**

PARTICIPANTS NAME(S): \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

I/We hereby authorize the Province of Manitoba, Department of Families, to make direct deposits to my/our bank account. The account information required to make direct deposits is as follows:

[PLEASE PRINT]

Bank/Institution Name													
Bank/Institution Number													
Bank Address													
Branch/Office Number													
Account Number													
Account Holder Name(s)													

If your bank account is held jointly with another person, funds deposited into the joint account could be withdrawn by either person.

Above information verified correct by bank representative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Representative's Signature

\_\_\_\_\_  
Bank/Institution Stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature(s)