



Canada Post Corporation Registered Pension Plan
AUTHORIZATION FOR DIRECT DEPOSIT

CRA¹ No. 1063874, OSFI² No. 57136

The purpose of this form is to authorize the direct deposit of your monthly pension payments from the Canada Post Corporation Registered Pension Plan (the Plan) into your bank/financial institution account.

1. Plan Member Information (to be completed by you)

Surname Given Name Employee No

Street Address

City Province Postal Code

2. Direct Deposit Account Information (to be completed by you and your bank/financial institution, if applicable)

Please put a checkmark (✓) in one of the boxes below to confirm how you are providing your direct deposit account information:

[] I have attached a void personal cheque

OR

[] I have attached my bank/financial institution's form that includes my account information (if this applies to you, this Authorization for Direct Deposit form must also be completed, except for the table below, and returned to the Pension Centre, along with your bank/financial institution's form)

OR

[] My bank/financial institution has provided my account information in the table below (the completion of the table below is not required if you have attached a void personal cheque or your bank/financial institution's form that includes your account information)

Table with fields for Name of Account Holder, Institution Number, Branch Number, Account Number, Name of Bank/Financial Institution, Mailing Address, City, Province, Postal Code, Name of Representative, Signature, and Date. Includes a box for Bank/Financial Institution's Stamp.

¹ - Canada Revenue Agency
² - Office of the Superintendent of Financial Institutions

