Manitoba Public Insurance

Direct Deposit Form

Registered Account #	Payee's Name

(Please Print)

Manitoba Public Insurance (MPI) is hereby authorized to deposit any funds payable to the Payee to the account described below ("the Account"). This authority will remain in effect until specifically revoked. Revocation shall be by written notice to MPI and to the financial institution where the Account is located, and shall not be effective until service of the notice has been effected on both.

Signature(s) of Authorized Representative(s): _____

_____

Position(s) / Title(s) of Person(s) Signing: _____

_____

Daytime Telephone Number(s): _____

PLEASE ATTACH A VOIDED CHEQUE (PRINTED OR ON-LINE VERSION) OR COMPLETE THE SECTION BELOW AND INCLUDE CONFIRMATION FROM YOUR BANK.

☐ Chequing ☐ Savings

Name of Bank:		Address of Branch	
City	Province	Postal Code	Bank Telephone No.

Branch Transit #	Institution #	Bank Account #

SELECTION REMITTANCE ADVICE:

A separate remittance advice will be sent to you detailing the invoices paid on your direct deposit. Please select one of the options below in order for you to receive your remittance advice:

Method

_____ **Fax** Fax Number: (enter 1 and area code if long distance from Winnipeg):

(_____) (_____) (_____)

_____ **E-Mail** E-mail Address: _____

FOR MPI USE ONLY

Added by	*Date Entered*	*Approved by*	*Date Approved*