



Request for Direct Deposit

Your pension plan encourages submitting your contact and direct deposit information directly through www.pspp.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.pspp.ca and click Login in the top right corner.** Alternatively, you may send this completed form to:
 Public Service Pension Plan (PSPP) 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9
 Phone toll-free: 1-877-453-1PSP (1777) Fax: 780-421-1652

SECTION 1 – PERSONAL INFORMATION (Please print)

Last name _____ First name and initials _____

Mailing 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 – CANADIAN 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"/>
Cheque number	Branch number	Financial institution number	Account number

***If you are receiving a pension benefit and 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 & address of financial institution _____

Telephone number _____

Branch number & financial institution number _____

Account number _____

SECTION 3 – AUTHORIZATION

By signing below, I authorize PSPP to deposit my benefits 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 40 of Schedule 2 of the Alberta *Joint Governance of Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the PSPP Member Services Centre at 1-877-453-1PSP (1777), or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.