

CIVIL SERVICE SUPERANNUATION FUND

Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Civil Service Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below.

Signature _____ Date _____ DD-MMM-YYYY

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:

Department of Finance
Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8