

PLEASE READ THE FORM CAREFULLY

INSTRUCTIONS

Enclose an original PERSONALIZED “VOID” blank cheque, displaying the legal or operating name

OR

Your banking institution **MUST** complete the bottom portion of this form if you are not attaching a personalized cheque.

- Complete all the items in the application.
- Funds will only be deposited into ONE bank account
- Funds can only be deposited in the name of the person or company who CURRENTLY receives the cheque from the RAHA Program
- Where both spouses are registered as the payment recipients, this form needs to be signed by both spouses.
- Send the **SIGNED** completed application to:
Rural Utilities Division
Remote Area Heating Allowance
Room 202, J.G. O’Donoghue Bldg.
7000 – 113 Street
EDMONTON AB T6H 5T6
- **IF YOUR BANKING INFORMATION SHOULD CHANGE, A NEW APPLICATION FOR DIRECT DEPOSIT MUST BE COMPLETED.**

Frequently Asked Questions:

ORIGINAL VOID CHEQUE

Can I fax you a copy of my “void” cheque? (Any tampering on your original Void cheque will NOT be accepted.)

No. It needs to be an **original void cheque** and **MUST BE MAILED IN** with the direct deposit form.

Direct Deposit Bank Forms

Can I fax you the completed direct deposit form once the bank has stamped, signed and dated it by the bank officer?

Yes you can. Our fax number is 780-422-1613.

Can you use a “Bank” direct deposit form?

No. It must be the Government of Alberta Direct Deposit form (reverse side). ⇔

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REASON FOR THIS APPLICATION: (Please check one)

- NEW** (you have changed your bank account or you have never applied before)
- CHANGE** (you have changed your name; address; and/or phone number)
(Reason for change _____)
- CANCEL** (you want your existing direct deposit to be cancelled – rebate will no longer be sent to your bank account)

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NAME OF ACCOUNT HOLDER:		Vendor Number (if known)	
Legal Name of Company OR Individual Name			
Operating Name (if applicable)			
Address			
City / Town	Province	Postal Code	Telephone 000-000-0000

BANK INFORMATION:				<i>To be completed by the Banking Institution ONLY IF A PERSONALIZED VOID CHEQUE CANNOT BE PROVIDED</i>							
Name of Bank											
Bank Address											
City / Town	Province	Postal Code	Telephone 000-000-0000								
ACCOUNT INFORMATION											
Type of Account	Account Number										
<input type="checkbox"/> Chequing <input type="checkbox"/> Savings	Bank Number							Branch Number			
Signed:											
Financial Institution Officer		Date									
Bank Stamp											

AUTHORIZATION: Please sign below			
I authorize the Province of Alberta to make all Remote Area Heating Allowance rebate payments due to me by deposit to the above account.			
Account Holder (Signature #1)	Dated	Account Holder (if joint account) (Signature #2)	Dated

The information indicated on this form is confidential and will be used solely for the purpose to deposit your payments directly into your bank account. We will not release this information for any other purpose. If you have any questions or concerns please follow up with the RAHA Program Administration at 780-427-0125. (Long Distance within Alberta call 310-0000 then enter 780-427-0125)