



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

Rent Assistance Benefit Direct Deposit Form

- Complete this form if you are a Rent Assistance Benefit recipient if you are a new recipient or if your banking information has changed to receive your subsidy by direct deposit.
- Submit this completed form to Capital Region Housing via mail, fax, or in person at our office. If you have any questions, please contact Capital Region Housing.
- If you are filling this out on paper, please print clearly in capital letters with ink.
- You *must* provide an email address to receive Direct Deposit. You will receive notices with payment details. Please note it can take up to five business days for the receipt of funds.

SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the [primary tenant/rent supplement recipient/applicant, etc].

| | | | | | |
|------------------------------------|----------------|--------------------------------|---------------------|-------------------------------|-------------|
| First Name(s) (current legal name) | | Last Name (current legal name) | | Preferred Name (if different) | |
| Unit Number | Street Address | City | | Province | Postal Code |
| Home Phone Number | | | Mobile Phone Number | | |
| Email Address | | | Tenant Code | | |



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SECTION TWO – BANKING INFORMATION

Submit your banking information in one of two ways:

1. A blank cheque or a clear photocopy of a blank cheque marked void (see example below)
2. Ask your bank to complete Option B.

Financial Institution Name

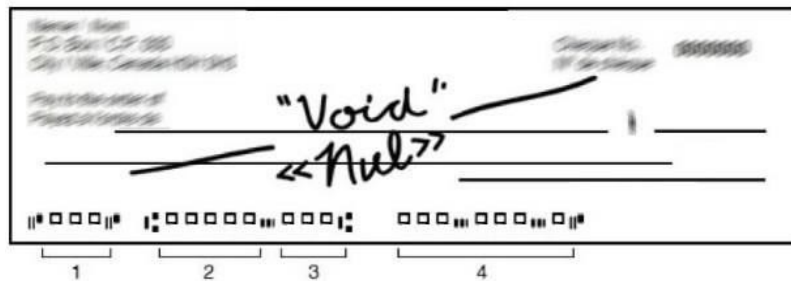
This is a:

New Sign Up

Change of Banking Information

Option A

Submit a blank cheque or a clear photocopy of a blank cheque marked void (see example)



Option B

Institution Number:

Transit Number

Account Number

Name(s) of Account Holder(s)



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SECTION THREE – AUTHORIZATION

All account holders must complete the sections below.

I/we the undersigned, agree to the collection of my/our personal information by Civida, including my/our bank account details, pursuant to the *Freedom of Information and Protection of Privacy Act*.

I/we understand Civida will use this information to issue direct deposit payments into my/our bank account.

I/we declare that the information provided in this form is true and complete.

| Print Name | Signature | Date (MM/DD/YYYY) |
|------------|-----------|-------------------|
| | | |
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This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca