



CHANGE OF DIRECT DEPOSIT INFORMATION

Use this form to update your pension payment banking information. **Fill in A, B, C (if applicable) and D** and send to the Financial Services department at ATRF.

Pensioner Information

(please print)

If you change your banking information, leave the old account open until a deposit is made into your new account.

A. Personal Information:

ATRF Pension Number or Social Insurance Number

Name *last* _____ *First* _____ *Initial* _____

Address *street* _____

city _____ *province/state* _____ *postal/zip code* _____

country (if outside Canada) _____ Telephone () _____

Direct Deposit

A void cheque, deposit slip, or form completed by your financial institution must also be included.

If no void cheque is enclosed, have this section completed by your financial institution.

B. Financial Institution Information:

Name of Financial Institution

Address *street* _____

city _____ *province/state* _____ *postal /zip code* _____

Type of account: Chequing Savings

Bank number (min. 3 digits) _____ *Transit Number (5 digits)* _____ *Account Number (min. 7 digits)* _____

C. Financial Institution Certification:

Representative Name _____ Signature _____

() _____

Telephone _____ Date _____

yyyy mm dd

Authorization

(to deposit pension directly into account.)

D. Signature:

Signature _____ Date _____

yyyy mm dd

Alberta Teachers' Retirement Fund Board

600 Barnett House, 11010 142 Street NW, Edmonton AB T5N 2R1
Tel 780 451-4166 Fax 780 452-3547 Toll Free 800 661-9582 www.atrf.com