

This form is intended for any student with a major functional disability or another disability recognized under the Allowance for Special Needs Program. It is required to ensure that the student's financial assistance is deposited directly into his or her bank account. It must also be filled out in the event of changes to the student's banking information.

Section 1 Student Information

Last name	Permanent code assigned by the Ministère
_____	_____
First name	Social insurance number
_____	_____

Section 2 Application

Check the statement that applies to your situation:

I wish to apply for direct deposit.
 I would like to report changes to my banking information.

Financial institution identification number: _____ Account number: _____

Please make sure that the account number provided is the same as the one printed at the bottom of your cheque.

I have attached a specimen cheque. YES NO (If "NO," please have section 4 completed by your financial institution.)

Signature **X** _____ Date: Y _____ M _____ D _____

Section 3 Specimen Cheque

Please staple a specimen cheque in the space provided hereunder. Make sure to write your name, your permanent code and NULL or VOID on the front of the cheque.

Section 4 Confirmation of Financial Institution

Have this section completed by the authorized person at your financial institution only if you cannot provide a specimen cheque.

Name of financial institution _____

Address _____



I certify that the information provided in section 2 is accurate and complete.

Signature of the authorized person **X** _____

Date | | Y | | M | | D | |

Return this form to the following address:

Aide financière aux études
1035, rue De La Chevrotière
Québec (Québec) G1R 5A5