

Ontario Passport Program

Payee Information Form

<input type="checkbox"/>	Initial
<input type="checkbox"/>	Update



Effective Date: _____

Client information:

Name:	_____
Client code:	_____

Complete one form for each Payee.

I have attached a void cheque or direct deposit form

Name/Organization:	_____
Relationship to the client:	_____
Home phone number:	_____
Cellphone number:	_____
Business number:	_____
Address:	_____
Email address:	_____

Choose one of the following options for notification of direct deposit:

<input type="checkbox"/>	Email		
<input type="checkbox"/>	Voicemail message to home	<input type="checkbox"/>	cellphone
<input type="checkbox"/>	Text message to my cellphone		
<input type="checkbox"/>	Do not notify me of direct deposit		

Signature of Payee

Date

Person Managing Funds authorization:

I authorize the above-named person or organization to be reimbursed for expenses submitted to PassportONE.

First and last name of Person Managing Funds (please print)

Signature of Person Managing Funds

Date