

Courtesy Translation

Corporations in Québec are required to file the French version of this form.

Request for Direct Deposit
Registered Education Savings Plan Trustees

This form is to be used by a registered education savings plan (RESP) trustee, or a mandatary appointed by such a trustee, to request that the Québec education savings incentive (QESI) payment be deposited directly into an account held at a financial institution that has an establishment in Canada.

Where the QESI payment must be deposited into the account of a mandatary appointed by the trustee, make sure the trustee has already sent us a duly completed and signed copy of form TP-890.15-V, *Québec Education Savings Incentive: Notice of Appointment of a Mandatary*.

You must enclose with this form a **blank cheque** marked "VOID" and "QESI" on the front. The cheque must be from an account at a financial institution that has an establishment in Canada.

If you cannot provide a blank cheque, ask the authorized representative of the financial institution where the account is held to **sign and date Part 2**.

Send the form and cheque (if applicable) to:
Direction de l'évolution des processus relatifs aux programmes sociofiscaux
Revenu Québec
3800, rue de Marly, secteur 3-2-2
Québec (Québec) G1X 4A5

You also have to use this form to **cancel** direct deposit or **change** information provided in a previous request.

Protection of confidential information

In compliance with the *Tax Administration Act* and the *Act respecting Access to documents held by public bodies and the Protection of personal information*, we protect your information. The only Revenu Québec employees who can access your information are those who are duly authorized and who need access as part of their work. We may use the information for the purposes of administering the laws and socio-fiscal programs for which we are responsible.

We can also use the information to conduct studies, research and surveys, and to compile statistics.

Subject to the restrictions provided for in the above-mentioned laws, we may communicate your information to a government department or agency or to a third party for specific purposes without your consent, where the information is required to administer laws or joint programs for which the department, agency or party is responsible.

Failure to provide information can have repercussions on your file and result in the refusal of your application. You may, under certain conditions, consult, obtain a copy of or correct your information.

For more information, consult the guide to the income tax return (TP-1.G-V) or visit our website at www.revenuquebec.ca.

1 Information about the person making the request

Person making the request: Trustee Mandatary (as appointed in form TP-890.15-V)

If the person making the request is the **trustee**, complete only section 1.1. If that person is a **mandatary**, complete sections 1.1 and 1.2.

Québec enterprise number (NEQ) Identification number

1.1 Trustee

Name of business				
Apt. or suite	Street number	Street name, P.O. box		
City, town or municipality	Province	Postal code	Area code	Telephone
Name and title of authorized representative, if applicable (please print)				

Québec enterprise number (NEQ) Identification number

1.2 Mandatary

Name of business				
Apt. or suite	Street number	Street name, P.O. box		
City, town or municipality	Province	Postal code	Area code	Telephone
Name and title of authorized representative, if applicable (please print)				



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2 Information about the financial institution and the account

Holder of the account into which the QESI payment will be deposited: Trustee Mandatary (as appointed in form TP-890.15-V)

Are you enclosing a blank cheque with this form? Yes No

If you answered **Yes**, go to Part 3. If you answered **No**, complete the information below.

Name of financial institution				
Suite	Street number	Street name, P.O. box		
City, town or municipality			Province	Postal code
Enter all digits (including initial zeroes, if any) of the following numbers:		Branch number	Financial institution number	Account number (maximum 12 digits)
Portion to be completed by the financial institution				
Name of authorized representative of the financial institution (please print)			Title	
Signature of authorized representative of the financial institution		Date	Area code	Telephone Extension

3 Signature

The person making the request certifies that the information provided on this form is accurate and complete.

The person making the request is filing this form:

to **register** for direct deposit or **change** information previously provided, thereby authorizing Revenu Québec to deposit the QESI payment directly into the account held at the financial institution (with an establishment in Canada) identified in Part 2;

to **cancel** direct deposit.

Name of person making the request or authorized representative (please print)	Area code	Telephone	Extension
Signature of person making the request or authorized representative	Date		



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