

Direct deposit authorization for business accounts

Please attach a sufficient void cheque or a Direct Deposit for Business Account authorization form provided by your bank with either your name or law firm name printed on it.

Lawyer information

Name:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Law Society of Ontario #:

Legal Aid Ontario roster #

Account holder:

Bank information

Bank name:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Branch #:

Institution #:

Account #:

HST #:

1. I / We agree to participate in this direct deposit program and authorize Legal Aid Ontario to credit the account at the financial institution indicated above.
2. I / We will inform Legal Aid Ontario, in writing, of any changes in the account information provided in this authorization. (10 working days notice required)

Lawyer

Name:

Date:

Signature:

Account holder

Name:

Date:

Signature:

Please submit this completed form with the application for enrollment on the legal aid roster.

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Personal information contained on this form is collected under the authority of the *Legal Aid Services Act, 2020* and will be used for the purpose of payment of accounts, investigations, and the administration of the *Legal Aid Services Act*.

Questions about this collection should be directed to the Privacy and Access to Information Officer at fippa@lao.on.ca or 1-800-668-8258.



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AIDE JURIDIQUE ONTARIO