

Regional Development Corporation

Application / Change Form Direct Deposit Service

Regional Development Corporation use only										
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Supplier / Employee number										

Please send the completed form to the **Regional Development Corporation**, **P.O. Box 6000**, **Fredericton**, **NB E3B 5H1**, or email to **RDC-SDR@gnb.ca** or fax a copy to (506) 453-7988. For questions, contact us at (506) 453-2277.

All fields must be completed.		***IMPORTANT***			
Name / Operating Name		Please attach a "Void" cheque or cheque specimen to this form. The document with the banking information must also be signed by the same authorized signatories as below.			
Legal or Corporate Name		I/We hereby authorize the Regional Development Corporation (RDC) to credit this account with any payments due from RDC until appropriate authority is received to indicate otherwise.			
Address Contact Name		Please note, for municipalities of authorized signatures are required	1 0		
Phone Number Email Address		Signature	Signature		
Business operating name (the name	d your Agency/Company/Business	Title	Title		
	ere remittance notices will be sent.	Date	Date		
Regional Development Corporation use	e only				
Set up	Date	Review	Date		