Ontario Passport Program

Payee Information Form

Initial		1 11 1		
Update		I II I		
		I II I		
Effective Date:				
			PP1F	YIF1
Client informati	ion:			
Name:				
Client code:				
Complete one f	orm for each Payee.			
I have attac	ched a void cheque or	direct deposit form	1	
mave and	oned a void onedae of	an oot dopoon form	•	
Name/Organiza	ation:			
Relationship to	the client:			
Home phone n	umber:			
Cellphone num				
Business numb	oer:			
Address:				
Email address:				
Email	the following options message to home	cellphone	of direct deposit:	
 		Celiphone	<u> </u>	
Text message to my cellphone Do not notify me of direct deposit				
_ Do not no	tilly fric of direct depos			
Signature of Payee			Date	
Davaan Manasi	na Fundo outboricati			
_	ng Funds authorization			
	above-named person of	or organization to	be reimbursed for e	expenses submitted to
PassportONE.				
	ma of Darson Managin	a Funda (placas p	rint\	
riist and iast ha	me of Person Managir	iy runus (piease p	1111t <i>)</i>	
Signature of Person Managing Funds			Date	