

How to Set Up Pre-Authorized Direct Withdrawals

How it works:

- If you are a payor (one who pays support), complete the included “Authorization Form”, date it, sign it and attach a personalized cheque marked “VOID”. Mail or bring the original signed form back to us, together with the voided cheque. If you do not have a cheque, take the form to your bank and have them authorize the form for you.
- Once we receive the form, we will contact you to ensure all the information is correct and provide you with details of how this service will affect you and your payments.
- You will be told the exact date that the first automatic withdrawal will be made from your account. Until then, continue to make your payments as you did in the past.
- You must inform the MEO, in writing, of any changes to the information provided on your form.

Frequently asked questions and answers:

Q. Is it safe to give my banking information to the Maintenance Enforcement Office (MEO)?

A. The Government of Saskatchewan has high security standards for all its ministries. Both the MEO and its financial service provider ensure the security of financial information.

Q. What record will I get of the payments?

If you require a statement, you must request one from our office. You can request a statement by email or phone.

Q. What if I want to make an extra payment?

For extra payment(s) towards arrears or special expenses, for example, you can make a bill payment online through your bank OR mail a cheque or money order to the MEO. The extra amount will be credited to your account, and your pre-authorized payment arrangements with your financial institution will not be affected.

Q. What if I don't have a chequing account?

You will need to make arrangements with your financial institution and provide us with written authorization to debit your designated account.

Q. What if the court changes my order, I make a new written agreement, or one of the dependants is no longer eligible for maintenance?

The MEO cannot change the amount of your Pre-Authorized Payment Withdrawal without your written notification.

Q. Can I withdraw from the Pre-Authorized Payment Withdrawal program at any time?

Should you decide to withdraw from the program or make any other changes, we require written notification from you 30 days in advance of the next payment.

Q. As a payor, what are my obligations as a user of Pre-Authorized Payment Withdrawal?

You must provide any changes related to your account information to the MEO. You must ensure that the money is there on the day that funds are scheduled to be withdrawn. If there are insufficient funds in your account at that time, we will reserve the right to terminate the Pre-Authorized Payment Withdrawal and enforce the order by other means. We will also reserve the right to charge you a service fee that is charged by our bank.

Q. What if the court order says my payments should be made on the first, but I've been making them on another date?

The MEO will review your account closely before setting up the Pre-Authorized Payment Withdrawal from your account, and we will contact you if there is a discrepancy between what the order says and how payments have been made to date.

Q. Who do I call if I have a problem with the Pre-Authorized Payment Withdrawal?

Our Client Service Representatives are here to help. You can call them at 306-787-1856, 306-787-1857 or toll-free at 1-866-229-9712.

June 2023

Pre-Authorized Direct Withdrawal Form

I, _____ (please print clearly), choose to make my support payments by pre-authorized bank withdrawals and authorize the Maintenance Enforcement Office, Ministry of Justice and Attorney General to automatically withdraw payments from my bank. **Note:** if you have more than one account on which you make payments to the Maintenance Enforcement Office in Saskatchewan, a separate form for each account must be completed.

Personal Information

Name: _____ / _____ / _____
Last First Middle

Address: _____ / _____ / _____ / _____ / _____
Street City/Town Prov. Country Postal Code

Home Phone (+ area code) _____ / Work Phone _____ / Cell Phone _____ Birthdate: _____ / _____ / _____
DD MM Year

_____ / _____ / _____ / _____
Email Address SK Health Card Number Social Insurance Number MEO Account Number

Date of month payment is to be withdrawn: _____

Note: any changes to the above information must be reported, in writing, to the Maintenance Enforcement Office.

_____ / _____
Client Signature Date

Date to Begin: Upon written notification from the Maintenance Enforcement Office.

Frequency of Payments: As per the order registered with the Maintenance Enforcement Office.

Amount of Pre-Authorized Payment: As per the order registered with the Maintenance Enforcement Office.

Date of Change: Upon written notification to the Maintenance Enforcement Office or by pre-arranged agreement.

Date of Cancellation: Upon written notification to the Maintenance Enforcement Office or closure of the file.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Pre-Authorized Payment Withdrawal agreement.

Bank Account Information

Bank: _____ Address: _____ / _____ / _____ / _____
Street City/Town Prov. Postal Code

Chequing Account (enclose a personal cheque marked "VOID" to provide the information required to setup the withdrawal with your bank). **Other Account Type** (have this section completed by an authorized official at your bank to ensure the information is correct).

_____ / _____ / _____
Institution Branch Account Number

Signature of Authorized Bank Official

Mail completed form to:

Ministry of Justice and Attorney General

Saskatchewan Maintenance Enforcement Office

100-3085 Albert Street, Regina, SK S4S 0B1

Phone: 306-787-8961 | 1-866-229-9712 (toll-free)

Fax: 306-787-1420 | Email: meoinquiry@gov.sk.ca

Bank Stamp

For Maintenance Enforcement Office Use Only:

Program Support Update: _____ Schedule: _____

CSR Entry/Update: _____ Start Date: _____

Amount: _____ Supervisor Authorization: _____