

Maintenance Enforcement Program Telephone: 204-945-7133
100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile: 204-945-5449
ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

Registration

The Manitoba Maintenance Enforcement Program (MEP) protects the interests of children and partners by enforcing support orders. This registration package includes the forms and information needed to register with MEP.

For additional information or if you have questions about the program, please visit our website at www.manitoba.ca/justice/courts/mep/index.html or contact:

Maintenance Enforcement Program
100-352 Donald St, Winnipeg, MB R3B 2H8
Phone: 204-945-7133 (in Winnipeg)
Toll free in Canada: 1-866-479-2717
Or by email: ManitobaMEPinquiries@gov.mb.ca

This Registration Package includes the following forms:

- Identification Form
 - To provide contact information for yourself and the support payor including information that may assist with enforcement.
- Statutory Declaration
 - To provide the amount of support that may be owing prior to registration.
- Direct Deposit Form
 - To provide banking information for payments to be deposited directly into your account.
- Fax and Email Authorization Form
 - To provide MEP permission to communicate with you by fax or email.
- Opt In Form
 - To confirm registration of the order with MEP and collection of late payment penalties.

Instructions are provided to help you complete the forms.

Additional Documents Required for Separation Agreement:

- Original Support Agreement or Notarized Copy of the Agreement – A Support Agreement must be registered in the Court of King's Bench by the program to administer any support provisions.
- Statutory Declaration – Separation Agreement available on our website at: www.manitoba.ca/justice/courts/mep/index.html

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Remember to sign and date the forms and have your signature on the Statutory Declaration witnessed by a Deputy Registrar, Commissioner for Oaths or a Notary Public. Return the completed package to the mailing address above. You can also attend our office for assistance with completing and witnessing the forms.

You and the support payor will be notified in writing once MEP has completed your file registration.

Additional Information:

Can I register even if there is no problem in receiving payments?

Yes. Some clients prefer payments to be recorded and tracked by the MEP or they prefer not to deal directly with the other party regarding support payments.

Things to consider before registering with MEP:

- MEP cannot guarantee that payments will be collected on time or how long it may take to collect payments when the person required to make payments does not pay voluntarily. The support payor is charged a late payment penalty on the unpaid balance. Due to the processing times, even if the payment is made voluntarily and/or on the due date specified in the order the support recipient will not receive the funds on the due date. MEP operates through a trust account and payments received from a support payor must be cleared with the bank before MEP can deposit the payment in the support recipient's bank account. Depending on the source of the payment (ex. support payor, employer, federal government), and the method of payment (ex. debit card, employer cheque, pre-authorized withdrawal) it may take up to three (3) business days for a payment to clear and be released to a support recipient.
- *The Family Support Enforcement Act* sets out that support recipients registered with MEP are required to notify MEP if they have reason to believe an adult child is no longer eligible for enforcement of support. MEP will cease enforcement for that child unless it can be determined that the child is unable to live independently because of illness, disability or other reason such as attending secondary or full-time post-secondary studies.
- As of April 1, 2012 MEP was required to assess Late Payment Penalties (LPP) against outstanding support arrears owed to a support recipient on the MEP file. As of July 1, 2019 support recipients have the option to opt out of the assessment and collection of LPPs. If you want to opt out of LPPs please complete the LPP Waiver section on the Authorization to Opt In form. A support recipient may cancel the waiver by completing and submitting the Cancellation of Waiver/Opt Out of Late Payment Penalties form. The cancellation form is available on our website or can be requested from our office.

Authorization to Opt In

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(Please Print)

Maintenance Enforcement File No. _____ (if known)
Support recipient: _____
Support payor: _____

Upon filing this signed statement with MEP, I agree that I will immediately advise the program of any changes to my order (agreement), any change in circumstances that affect the terms of my order (agreement), and if any support term is no longer in effect.

I understand that if I wish to cancel this request for enforcement, I must file a signed Opt Out form which will advise MEP that the enforcement provisions of *The Family Support Enforcement Act* no longer apply to my order (agreement) and that enforcement should end.

Collection of Late Payment Penalties (LPP)

LPP is charged to the support payor at a rate of 18% per year on unpaid support. These charges are payable to the support recipient on the file. MEP will assess and enforce LPPs unless you indicate you do not want LPP assessed or enforced by checking the box below:

I waive my right to the assessment of late payment penalties on my file.

I request and authorize MEP to enforce my support order under Part 3 of *The Family Support Enforcement Act* from the date of filing this signed statement with MEP.

Support recipient Signature

Date

Identification Form

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Current Maintenance Enforcement File No. _____

Please complete Section A, B, and C to the best of your ability and sign Section D. If there are other family matters you would like assistance with and would like us to forward your details to the Family Resolution Service (FRS), please complete Section E. Please use additional pages if more space is required to provide the information requested in this form.

A: SUPPORT RECIPIENT INFORMATION (Person who receives support):

Legal Name: _____

First Middle(s) Last

What would you like us to call you (ex. name you go by?): _____

Past legal names or also known as (ex. birth name): _____

Pronouns: She/Her/Hers He/Him/His They/Them/Theirs Other: _____

Personal Information

Date of birth (Month / Day / Year): _____ Social Insurance No: _____

Would you like to self-declare as (check all that apply):

- Francophone Newcomer to Canada Person with a disability
 First Nations Métis Inuit

Treaty Number (if applicable): _____

This information may assist with our office providing services to you.

Veuillez cocher ici si vous souhaitez recevoir du service en français./ Please check here if you would like to receive service in French.

Do you have or have you had any other file(s) registered with the Manitoba MEP? If yes, please provide the name registered under and the file number (if known): _____

Do you have any file(s) registered with another Maintenance Enforcement Program in a different province or territory? If yes, please provide the name of the program, the name registered under and the file number (if known):

Contact Information

Address: _____ Apt. #: _____ Postal Code: _____

City/town: _____

Manitoba or Province/Territory/State: _____

Canada or Country: _____

Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

Email Address: _____

**Providing your email address authorizes MEP to communicate with you and send documents etc. to this email address until you cancel the authorization or provide an updated email address.*

What is the best way to contact you:

Work Phone Home Phone Cell Phone Email

Do you require assistance when communicating with MEP? Yes No

If yes, specify what assistance is needed: _____

If you have safety concerns, what is the safest time to contact you during our regular business hours?

Information about your Dependants named in the order or agreement for this file:

Name: _____ Date of Birth (Month/Day/Year): _____

B: INFORMATION ABOUT THE SUPPORT PAYOR (Person who pays support):

Legal Name: _____ Birth Date: _____
First Middle(s) Last Month / Day / Year

Past legal names or also known as (ex. birth name): _____

Please provide any other names the support payor may use together with any information on other file(s) they have with Manitoba MEP (file number, other party name named in the file):

Address: Current Last Known Unknown

Street and number: _____ Apt. #: _____ Postal/ZIP Code: _____

City/town: _____

Manitoba or Province/Territory/State: _____

Canada or Country: _____

If you don't have an address, where do you think the support payor may be living?

Contact Information

Daytime Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Fax #: _____ Email Address: _____

Do you feel like there is an immediate risk of violence from this person? Yes No

Please call 911 if you feel like you are in immediate danger

Has the other person ever caused you to be concerned for your safety? Yes No

Has the other person ever caused you to be concerned for your children's safety? Yes No

Are there any outstanding protection orders (ex. Restraining orders, peace bonds, probation, or bail orders)?

Yes No Unsure

Feeling safe in our relationships is important. FRS staff are available to support you with your safety and well-being concerns. Would you like someone to connect with you?

Yes (Please complete Section E) No

This space intentionally left blank

C: ADDITIONAL SUPPORT PAYOR INFORMATION

THIS PORTION OF THE FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AS EACH ITEM MAY ASSIST WITH THE COLLECTION OF YOUR SUPPORT PAYMENTS, IF NECESSARY.

Personal Information

Treaty No.: _____ Social Insurance No.: _____ Social Security No.: _____

Military Service: Country _____ Branch _____

Police record: Yes _____ No _____

If yes, provide details: _____

Employment Information

Occupation:

Current employer (and address/location):

Previous employers (and address/location):

Other Information

Vehicles (automobiles, vans, motorhomes, boats, snowmobiles, motorcycles, machinery, etc.):

Make, model, year, colour, license number

Bank accounts (chequing, savings, investments, RSPs, etc.) - name and address of financial institution:

Friends/relatives/contacts - names, addresses and phone numbers:

(people that may have information to assist with locating the support payor or assist with enforcement)

Monies owed to support payor from other sources:

Pensions (name of companies/pension administrator, judgments ex. small claims):

Other Income/assets (rental income, property, side jobs etc.):

Provide any additional information that may be helpful in locating the support payor and collecting support:

D: DECLARATION BY SUPPORT RECIPIENT

Please read carefully, then sign and date below.

I hereby apply to enrol my support order or written agreement with the Maintenance Enforcement Program and I agree to the following conditions:

- a) I will accept receipt of payments through MEP and not directly from the support payor once my file has been opened.
- b) I will notify MEP immediately if I do accept any payments directly from the support payor before or after my file is opened
- c) MEP will take whatever steps it considers reasonable to enforce the support order or written agreement on my behalf, and while enrolled, only the Program may take steps to enforce it
- d) I will notify MEP of any changes in my address, telephone number, bank account information.
- e) I will notify MEP of any changes to the dependants' circumstances, including if I no longer require MEP to enforce support for them.
- e) Information I provide to MEP is for the purpose of monitoring and enforcing my support order or written agreement.

The information I have given on this Identification Form is true and correct, to the best of my knowledge and belief.

Date

Signature

Please send this completed form to:

Maintenance Enforcement Program
100 – 352 Donald Street
Winnipeg MB R3B 2H8
FAX: (204) 945-5449
Email: ManitobaMEPINquiries@gov.mb.ca

E: Information for The Family Resolution Service (Optional Section)

Separating, leaving a relationship or working out parenting arrangements can be difficult. Information from the Family Resolution Service can help you manage the changes and important decisions ahead. Identifying what you and your family might need in this transition is part of that process. Please complete this section if you would like to receive assistance from the Family Resolution Service to help you with family issues **other than enforcement of support as provided by MEP**.

If you choose to complete this section, the information you provide in section A (with the exception of your Social Insurance Number), B and E will be shared with the Family Resolution Service and they will contact you to provide assistance. If you do not feel comfortable answering some of the questions, please feel free to contact the Family Resolution Service at 204-945-2313 (Winnipeg) or 1-844-808-2313 (toll-free) and an Intake Coordinator will assist you. You can also contact the service by email at GetGuidance@gov.mb.ca.

Additional details

Note that this information is used to determine if you may be eligible for additional support programs

What is your average annual income:

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$26,000 | <input type="checkbox"/> \$26,001 - \$38,000 | <input type="checkbox"/> \$38,001 - \$50,000 |
| <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 | <input type="checkbox"/> Over \$100,000 |

Do you receive income assistance: Yes No

Do you have a lawyer helping you: Yes No

Is anyone else helping you:

- | | |
|--|---|
| <input type="checkbox"/> Child counsellor | <input type="checkbox"/> Financial Advisor / Accountant |
| <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> Mediator |
| <input type="checkbox"/> Religious or spiritual leader | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Community resource/support | <input type="checkbox"/> Child Support Service |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Elder |
| <input type="checkbox"/> Family Counsellor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> None of the above | |

Tell us about your relationship with your former partner / other parent / other party

- | | |
|--|---|
| <input type="checkbox"/> Separating/divorcing, living apart | <input type="checkbox"/> Already divorced |
| <input type="checkbox"/> Separating/divorcing, living together | <input type="checkbox"/> Dating relationship |
| <input type="checkbox"/> Never married, never lived together | <input type="checkbox"/> Relative of the child(ren) |
| <input type="checkbox"/> Never married, used to live together | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Never married, living together | |

Provide the following dates, if applicable, to the best of your ability:

Date you started living together: _____ Separation date: _____

Marriage date: _____ Divorce date: _____

How can we help you?

- Immediate or imminent risk of harm to you or your child(ren)*
- Concern the other parent may remove your children from Manitoba*
- Other parent not returning your child(ren) with/without a Court Order*
- Other parent has cut off your contact with your child(ren)*
- Loss or destruction of property*
- Urgent Child Support
- Emergency Housing/Shelter

**These concerns could be eligible for an emergent or expedited Court hearing. A Family Guide can provide information on how to make this type of Court application.*

Do you want help with any of the following (check all that apply):

Relationships

- Married or Common-Law
- Separation and Divorce

Parenting

- For the Sake of the Children
- Parenting Plan
- Parenting Arrangement
- Enforcement of Arrangement

Safety

- My safety
- Safety of my children
- Safety of my family/friend

Property

- Family Property/House
- Pension

Money

- Financial Disclosure
- Child Support, Initial Calculation
- Child Support, Recalculation
- Child Support, Early Recalculation
- Child Support, No Recalculation
- Spousal or Common-Law Partner Support
- Support where the other person lives outside Manitoba

Resolution Options

- Collaborative Law
- Arbitration
- Mediation
- Court
 - Process and procedure instructions
 - Court forms
 - Rejected documents
 - Legal information/referral to resource

Would you like a mediator to help you resolve a new disagreement or any outstanding disagreements with your former partner / other parent / other party?

- Yes No

Tell us about your Legal Situation

The Family Resolution Service can provide you with legal information and may refer you to resources that can help you with legal advice. The Service cannot provide you with independent legal advice related to your case. If you have a lawyer, we encourage you to let your lawyer know that you are requesting our services.

Existing agreements or court orders

Do you have any existing written agreements about your relationship and/or parenting arrangements?

Yes No Unsure

Have you ever been to court with your former partner/other parent/other party?

Yes No Unsure

Is there a court application underway relating to your family law dispute?

Yes No Unsure

If yes, what is your court file number (ie. FD FD19-01-12345)?

Are there any court orders involving your former partner/other parent/other party, the child(ren), or you?

Yes No Unsure

If yes, can you provide any details? (Ex. Title of order(s), date of order(s), court file #, court location)

Is there a specific court order that does not allow either of you to communicate or be in contact with the other person or a child?

Yes No Unsure

If yes, can you provide any details? (Ex. Title of order(s), date of order(s), court file #, court location)

Court preparedness

Have you completed any of the following steps required for Court?

For the Sake of the Children online course

Financial Disclosure

Parenting Plan

You and your former partner/other parent/other party met and attempted to resolve the issues in dispute

A court order prohibits contact or communication between the parties.

None of the above

Additional Information

How did you hear about the Family Resolution Service?

Court

Lawyer

- Another service provider
- Family Law Manitoba website
- Family or friend
- Other:

Is there anything else you want us to know?

Can FRS Staff Communicate With You By Email?

The Family Resolution Service staff, such as your Family Resolution Service staff, would like to request your permission to communicate with you by email while you receive services from the Family Resolution Service.

Please note that when you and the Family Resolution Service staff communicate by email, there are risks of your personal information and information shared between you and the Family Resolution Service being seen and used by others who may have access to your email account or electronic device. For example, if you download/save email messages between you and the Family Resolution Service to your computer, cell phone or a flash drive, the messages could be accessed by others. If you share a computer, email, or your user ID or login information, others could view the messages between you and the Family Resolution Service. If the settings on your electronic devices display notices on your screens when you receive an email, others may see the notice and any information contained in it.

You can ask the Family Resolution Service to stop communicating with you by email at any time. However, your request will not apply to emails already sent to you by the Family Resolution Service. To stop the email communication, , please tell your Family Resolution Service staff that you no longer wish to receive emails from the Family Resolution Service.

Please tell us if you wish to communicate with us by email:

Yes, I want to communicate with the Family Resolution Service by email. By checking this box, I understand and accept the risks stated above. I understand that the Family Resolution Service will continue to communicate with me by email until I no longer receive services from the Family Resolution Service or I tell the Family Resolution Service that I no longer wish to communicate by email.
If you checked the box above, please tell us the email address you would like us to use to communicate with you:

No, I do not want to communicate with the Family Resolution Service by email.

If at any time the Family Resolution Service staff feel that email is not a suitable way of communicating with you, this option may be stopped and your Family Resolution Service staff or a Family Resolution Service Manager will work with you to find a different way to communicate with you.

Consent/Agreement

By checking the boxes below, you are agreeing:

- That you have read and understand the information in this intake form.
- That the information you provided in this form is true, to the best of your knowledge.
- That if you checked "Yes" to communicating with the Family Resolution Service by email, you understand the risks.

DATE: _____

Privacy Notice

Why the Family Resolution Service needs to collect and use your information ("purposes")

The Family Resolution Service of the Department of Justice will collect personal information about you on this Intake Form. The Family Resolution Services needs to collect your personal information for the following purposes:

- to assess if you are eligible to participate in the Family Resolution Service and determine services that you may require;
- to determine if you require, and may be eligible, to receive additional services from organizations outside of the Family Resolution Service;
- to assess if referrals for additional services are needed, including the Child Support Service;
- to facilitate mediation, domestic violence and/or family law specialist services that may be provided to you;
- to evaluate court readiness of your family law matter, if necessary;
- to help you prepare for court, if necessary; and
- to keep aggregate statistics for the purpose of monitoring and evaluating the Family Resolution Service.

Our legal authority to collect your information

Your personal information is necessary for the Family Resolution Service to provide you with services and to carry out the activities of the Family Resolution Service. Your personal information is collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba ("FIPPA"). The Family Resolution Service limits the personal information it collects about you to the minimum amount necessary for the purposes described above.

Your personal information is protected by FIPPA. The Family Resolution Service cannot use or disclose your information for other purposes unless you consent or it is authorized to do so by FIPPA. Your personal information may be disclosed to the Child Support Service under *The Child Support Service Act* for child support calculation or recalculation purposes and the Maintenance Enforcement Program under *The Family Support Enforcement Act* for the purposes of enforcing a support order.

Our legal responsibility to report a child in need of protection

In accordance with section 18.1 of the Child and Family Services Act, when information is shared with the Family Resolution Service that leads the Family Resolution Service reasonably to believe that a child is or might be in need of protection, the Family Resolution is legally obligated to report the information to a Child and Family Services agency.

Who do I contact if I have questions?

If you have any questions about the Family Resolution Service's collection, use or disclosure of your personal information, please contact Pamela Taylor, Director of Early Resolution Supports at Pamela.Taylor@gov.mb.ca or call: 204-761-7388.

Statutory Declaration

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BETWEEN: _____ Support Recipient
 (Person who receives support)
 - and -
 _____ Support Payor
 (Person who pays support)

Statutory Declaration

I, _____, of _____, in the Province
Full name of person declaring Name of city or town
 of Manitoba, MAKE OATH AND SAY:

1. THAT on _____ the above-named support payor was
Order (or Agreement) date
 ordered to pay support for _____
Name(s) for whom support is required

 in the sum of \$ _____.
Amount of support payment (include expenses, if any) Payment cycle

2. THAT I have not lost my right to apply for the enforcement of the said Order.

3. THAT the support payments are in arrears and the total sum owing to me is
 \$ _____, up to and including _____
Total support owing (as on attached Schedule) current date
 as described on the attached Schedule of Payments. The next support payment is due
 on _____. Pursuant to the order indicated above, there are no other
date next payment due after signing
 arrears that I will be requesting MEP to collect on my behalf.

I, _____, do solemnly declare that the contents of this
Full name of person declaring
 Statutory Declaration are true and I make this solemn declaration conscientiously believing it to be true.

Pursuant to Section 87(1) of *The Family Support Enforcement Act*, any person who swears a false statutory declaration is guilty of an offence and liable on summary conviction to a fine of not more than \$2,000.00 or imprisonment for a term of not more than 90 days, or both.

_____ before me in _____,
Sworn or Affirmed
 in the Province of Manitoba, on the _____
 day of _____, 20____
Support Recipient Sign here

(Witness)
 Deputy Registrar, Notary Public,
 Commissioner for Oaths (commission expires _____)

Statutory Declaration

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Instructions for completing the Declaration

This is a two-page document. You will need to have a copy of your court order or agreement handy to complete the first portion of the declaration.

Print your name wherever "Support recipient" or "Full Name of Person Declaring" is noted.

Print the support payor's name where "Support payor" is noted.

Print the date the support order was granted, the dependant children's' names, support amount and support cycle (ex. Monthly, biweekly, semi-monthly) where indicated in number 1.

Enter the total amount of support owing from the Schedule of Payments in Number 3:

To arrive at the total support owing, you must complete the Schedule of Payments. On the Schedule of Payments, for the entire period of time you are claiming support is owing to you, you must list each payment due and whether or not it was paid.

- Under **Due Date**, the full date each payment is due (the due date according to the order or agreement)
- Under **Amount Due**, the amount of each payment (the amount due according to the order or agreement)
- Under **Amount Received**, the amount that was paid to you (enter "zero" if not paid)
- Subtract the Amount Received from the Amount Due to arrive at the **Amount Owing**.
- Total the Amount(s) Owing to arrive at the **Total Support Owing** at the bottom of the Schedule. Insert this amount at number three on the Declaration.

If your support order includes more than one type of support (ex. Child support and spousal support) or specific expense amounts (ex. daycare fees) the amounts can be listed separately or as the total amount due for each due date.

Example of how to complete the Schedule of Payments:

DUE DATE	AMOUNT DUE	AMOUNT RECEIVED	AMOUNT OWING
April 1, 2012	\$275.00	\$0.00	\$275.00
April 15, 2012	\$275.00	\$100.00	\$175.00
May 1, 2012	\$275.00	\$75.00	\$200.00
Total Support Owing Insert total at #3			\$650.00

Use a second page, if necessary

Statutory Declaration

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Enter the date you are completing this Declaration and the date the next support payment will be due where indicated in Number 3.

Signing and witnessing the declaration:

Once you have completed the declaration, it must be signed in front of a Commissioner for Oaths, Deputy Registrar or Notary Public.

You will need to attend at a lawyer's office to sign in front of a Notary Public. Commissioners or Registrars are available in all municipal offices, government offices, provincial courts, financial institutions, many insurance agencies and educational institutions.

Maintenance Enforcement Program

Fax & Email Authorization Form

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In order to communicate with you by email or fax, the Maintenance Enforcement Program requires the following information. All information is kept strictly confidential and used only for MEP purposes.*

Name: _____ Maintenance Enforcement File No. _____

Address/City/Province/Postal Code: _____

I authorize the Maintenance Enforcement Program (MEP) to **EMAIL** correspondence, requests for information and other documents to me whenever possible.

EMAIL ADDRESS: _____

I authorize the Maintenance Enforcement Program (MEP) to **FAX** correspondence, requests for information and other documents to me whenever possible.

FAX NUMBER: _____

I understand that fax and e-mail communications are not secure forms of communication and that confidentiality of any email or fax cannot be ensured.

I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith, by writing to MEP at the address noted above. I further understand that this authority is to remain in effect until MEP has received and processed written notification from me of its change or termination. Written notice to revoke authorization may take 10 business days to process.

Signature

Date

Sign, date and mail or fax the completed form to the address above.

***Note: This authorization is not intended to vary or change service required to be made in a specific manner by Act or Regulation.**

Direct Deposit

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In order to send your maintenance payments by Direct Deposit directly to your financial institution, we need the following information. Incorrect information could result in your payment being sent to the wrong account. All information is kept strictly confidential and used only for Maintenance Enforcement Program (MEP) purposes.

Step 1: Personal Information

Name: _____ Maintenance Enforcement File No. _____

Address/City/Province/Postal Code:

Telephone Number(s) (include area code): _____

If you change your address please advise our office immediately in writing.

Step 2: Account Information

If you are attaching a personalized deposit slip or void cheque you do not have to complete this area

Transit Number (5 digits): _____ Bank Number (3 digits): _____ Account Number: _____

Type of Account: Chequing Savings Chequing & Savings

Name, address and telephone number of financial institution:

If your banking information changes or you wish to have your maintenance payments deposited to a different account, you must complete a new Direct Deposit form and return it to our office. After the changes have been processed, the maintenance payments will be sent to your new account. DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOU RECEIVE YOUR FIRST PAYMENT TO THE NEW ACCOUNT.

Step 3: Please sign, date and mail or fax the completed form to the address above

Until further notice, I authorize the direct deposit of my maintenance payments to the account and financial institution designated in this form.

I am aware that funds deposited into my account may be recalled by the Manitoba Maintenance Enforcement Program, up to three (3) business days after the deposit, if the original payment received by MEP cannot be processed (for example, it is returned by the bank for stop payment or insufficient funds). If funds deposited in your account are recalled by MEP your file balance will be adjusted and MEP will continue to make every effort to collect the ongoing maintenance and arrears.

Signature

Date