

## Payroll Bank Authorization Form for Direct Deposit

## **INSTRUCTIONS FOR COMPLETION**

• To ensure that your account number is correct, <u>please attach a cheque marked "VOID" for an account with chequing privileges or a personalized deposit slip.</u> (Your financial institution may not accept Direct Deposit for accounts other than savings or chequing, i.e. line of credit. Check with your financial institution.)

<ul> <li>Be sure to complete ALL sections and s</li> </ul>		
<ul> <li>Return the completed form to your departm</li> </ul>		
check with your department regarding payr	roll deadlines. Do not i	return this form to the
Payroll Department.		
Section A - Personal Information		
Personnel Number:	Social Insurance Number:	
Last Name:	First Name:	
Address:		
Postal Code:	Tel. No (Home): ( )	
Section B - Requested Action		55 / 114 / 1000/
Check one only:	F# # D #	DD / MM / YYYY
( ) New Direct Deposit (first time set-up)	Effective Date	
( ) Change Direct Deposit	Effective Date	
Section C - Institution Information		
Your account number must be recorded acc	curately. An account n	umber with missing or
incorrect information will be rejected. For this re		
recording your account number.		ao an o ana whon
Bank Account Number:	Bank Transit (Branch) Number:	
Name of Bank or Financial Institution:		,
Main Intersection of Bank:		
Bank Address: (Street No & Name, City Province	ce) Canadian Branch	es Only
	,	•
Postal Code:	Bank Tel No.: ( )	
Section D - Authorization and Signature		
I hereby authorize the University of Toronto		
financial institution designated and I hereby		
designated, to release my bank account nur	mber to the Universit	y of Toronto Payroll
Department.		
Signature:		
University Tel. No: ( ) Faculty:	Date Signed: Department:	