



Instructions For Completion

- To ensure that your account number is correct, please attach either a physical cheque marked "VOID" or an electronic version of VOID cheque available via online banking at your financial institution. (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.)
- Complete all sections and sign.

Signature

' ·	Please return the completed form to the appropriate office within your division that processes payroll.		
	Type of Action Reque	<u>est</u>	
lew Direct Deposit (first time set-up) Effective Date (D/M/Y)			
nange Direct Deposit	Direct Deposit Effective Date (D/M/Y)		
First Name	Last Name	Personnel Number (Leave Blank if New Employee)	
Ba	nk or Financial Institutio	on Details	
"" O O O II"	1234001	1234 567.	
Т	ransit # Institution #	Account #	
Name of Bank or Financial Institution #:			
Bank Transit #:			
Bank Account #:			
Bank Full Address: (Canadian Branches only)			
<u> </u>			
	Authorization and Signa	ature	
	authorize the bank or financi	yroll payment in the bank or financial al institution designated to release my ent.	

Date