

Payroll Direct Deposit

SECTION 1: Employee Information

Employee Name: _____ **Employee ID:** _____ **SIN Number:** _____

School: _____ **District:** _____

To ensure timely payment, I understand that it is my responsibility to immediately update my banking information if it changes to the District I am employed by.

Employee's Signature

Date

Where possible a void cheque or bank pre-authorization form should be attached. If not please have section 2 completed by your financial institution.

SECTION 2: Banking Information (to be completed if void cheque or pre-authorization form not attached)

Name of Financial Institution: _____

Branch Location: _____

Branch Contact Phone Number: _____

Transit #:

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Institution #:

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Account #:

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Bank Official's Signature

Date

Internal Use Only:

Actioned By: _____

Date: _____

Verified By: _____

Date: _____