

NEW EMPLOYEE DIRECT DEPOSIT FORM

EMPLOYEE NUMBER:	
EMPLOYEE NAME:	
DEPARTMENT:	
EFFECTIVE DATE:	
BANKING INFORMATION (Require	d)
Please note that NSCAD only pays direct deposit into employee's personanting information, your pay will be held pending receipt of your banking information.	
Name of Bank:	
Branch and Address:	
Type of Account (please select one): Chequing: Savings:	
PLEASE ATTACH A VOIDED CHEQUE or PAYROLL DIF FROM YOUR BANK. (Only original hard copy of voided of form from the bank will be accepted and pro-	heque or direct deposit
Signature Date	
NOTE: This form must be received at the Payroll Office by the 15 th payroll and the 20 th of each month for the 30 th payroll. If yo bank account, it is your responsibility to notify the Payroll 0	ou close or change your
FOR OFFICE USE ONLY	Payroll Initials
Date Received	i wy. on mindio
Date Changes implemented	