



PAYROLL DIRECT DEPOSIT FORM

*This form is for Direct Deposit to a bank account for **Payroll** purposes.*

Date: _____ Social Insurance Number: _____

Print Name Here: _____

Print Email Address Here: _____

Signature: _____

Your payroll cheque **MUST** be deposited directly to your Bank Account.

Attach a "void" cheque

OR

Verification from your Financial Institution (*must* include the Institution Stamp, Institution Number, Transit Number and Account Number).

► NOTE: IF NOT ATTACHING A "VOID" CHEQUE FOR DIRECT DEPOSIT PLEASE HAVE THE FOLLOWING SECTION COMPLETED BY YOUR FINANCIAL INSTITUTION

For Bank Use Only:

Institution Stamp

Bank Name: _____

Bank Address: _____

Institution Number: _____

Transit Number: _____

Account Number: _____



Please Note:

This information must be received in the Payroll Office 1½ weeks before pay day.