

University of New Brunswick Payables & Disbursements Direct Deposit

This form is to be used for Accounts Payable Direct Deposit for those individuals requesting payment for services, reimbursement of travel or personal reimbursements, T4A, living allowances or any other payment type.

Date: _____

Name (Last, First, Middle): _____
(please print)

Email Address: _____

Date of Birth: _____ Social Insurance Number (required): _____

Home Address: _____

Signature: _____

Attach a **"VOID"** cheque **OR** verification from your Financial Institution which 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:

Bank Name: _____

Bank Address: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

Institution Stamp



**Return this form to the attention of the Accounts Payable Supervisor, Financial Services, Room 001, 8 Bailey Drive,
or email to accpay@unb.ca, or fax to 506-458-7849.**