



## 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: \_\_\_\_\_

A large, empty rectangular box with a thin black border, intended for the financial institution to place its stamp.

Please Note:

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