



PAYROLL DIRECT DEPOSIT FORM

If this is a change to your bank information, please Do Not “Close Out” your old account until at least one payment has been paid into your new account.

IMPORTANT: PLEASE PRINT CLEARLY; INACCURATE INFORMATION WILL RESULT IN A DELAY OF PAYMENT.

EMPLOYEE’S FULL NAME: _____

EMPLOYEE #: _____ SOCIAL INSURANCE #: _____

TELEPHONE #: _____ WORK LOCATION : _____

POSITION:

() BUSINESS & SUPPORT (Permanent) () TEACHER (Permanent)

() OCCASIONAL TEACHER

() TEMPORARY/CASUAL (i.e. Continuing Education, Clerical, Etc.)

BOX 1. ATTACH VOIDED FULLY ENCODED CHEQUE OR PERSONALIZED DEPOSIT SLIP.

ATTACH VOIDED CHEQUE HERE

BOX 2. IF YOU CANNOT SUPPLY US WITH A VOIDED FULLY ENCODED CHEQUE OR PERSONALIZED DEPOSIT SLIP, PLEASE COMPLETE THIS SECTION. IF NECESSARY, PLEASE OBTAIN THIS INFORMATION FROM YOUR FINANCIAL INSTITUTION.

ACCOUNT NUMBER: _____

BRANCH TRANSIT NUMBER: _____ (MUST BE 5 DIGITS)

FINANCIAL INSTITUTION NUMBER: _____ (MUST BE 3 DIGITS)

PLEASE RETURN TO PAYROLL SERVICES, 5050 YONGE STREET, 4TH FLOOR.

EMPLOYEE’S SIGNATURE: _____ DATE: _____