



PAYROLL DIRECT DEPOSIT

Name (Surname, followed by Given Name & Initial)		
Social Insurance Number	Employee ID	Email Address
Faculty/Department	Phone	

ATTACH A DIRECT DEPOSIT BANK FORM

(Available from your bank on via On Line Banking)

OR

ATTACH A VOIDED CHEQUE

OR

FILL OUT BANKING INFO BELOW

Bank:

Transit #:

Account #:

Minimum 7 numbers, maximum 14

Signature

X _____

Date Signed

____ / ____ / ____
DD MM YY