



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Personal Information:

EE# _____

Employee Name: _____

Effective: _____ (Enter pay date if known)

Account Information:

Please attach a void cheque or pre-printed direct deposit letter from your financial institution. Forms submitted without a void cheque or pre-printed deposit letter will not be processed.

Attach VOID Cheque here

Signature:

I hereby authorize and request payroll to credit payments due me to my account with the financial institution designated above, until cancelled by me in writing. I understand it is my responsibility to advise the payroll department immediately of any changes to my banking information, to prevent delays in my pay.

Signature

Date
