

FORM NO.

A



DATE RECEIVED

PAYROLL

**DIRECT DEPOSIT / ADD CHANGE FORM**

**SECTION A**

NAME:	MAILING ADDRESS:
SOCIAL INSURANCE NUMBER:	
BOARD:	SCHOOL:
<p>I wish to have my pay deposited electronically into a bank account designated by me. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signature _____ Date _____</p> <p>(If you checked YES then also include a sample voided cheque and complete Section B and Section C if applicable. If you checked NO, please return form.)</p>	

**SECTION B**

BANK OR FINANCIAL INSTITUTION:
BRANCH ADDRESS:
<p>TRANSIT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ID # <input type="text"/> <input type="text"/> <input type="text"/> ACCOUNT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

**SECTION C**

<p>Employee – please have signed by Bank Official only if sample voided cheque / deposit slip is not provided.</p> <p>Signature of Bank Official _____ Date _____</p>
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DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_  
YY / MM / DD