

Payroll Bank Authorization Form for Direct Deposit

INSTRUCTIONS FOR COMPLETION

To ensure that your account number is correct, <u>please attach a cheque marked "VOID" for an account with chequing privileges or a personalized deposit slip</u>. (Your financial institution may not accept Direct Deposit for accounts other than savings or chequing, i.e. line of credit. Check with your financial institution.)

Be sure to complete ALL sections and s Return the completed form to your department check with your department regarding payr Payroll Department.	nental business officer	for processing. Please
Section A - Personal Information		
Personnel Number:	Social Insurance N	lumber.
Last Name:	First Name:	
Address:	i iist Name.	
Address.		
Postal Code:	Tel. No (Home) : (
		,
Section B - Requested Action Check one only:		DD / MM / YYYY
() New Direct Deposit (first time set-up)	Effective Date	DD / WIWI / TTTT
() Change Direct Deposit (IIIst time set-up)	Effective Date	
Your account number must be recorded account recording your account number.	eason be sure to includ	de all "0" and "-" when
Bank Account Number:	Bank Transit (Branch) Number:	
Name of Bank or Financial Institution: Main Intersection of Bank:		
Bank Address: (Street No & Name, City Provin	ool Conadian Branch	oc Only
Dank Address. (Street No & Name, City Provin	ce) Canadian Branch	es Only
Postal Code:	Bank Tel No.: ()	
Section D - Authorization and Signature	,	
I hereby authorize the University of Toronto financial institution designated and I hereby designated, to release my bank account null Department.	y authorize the bank of	or financial institution
Signature:		
University Tel. No: ()	Date Signed:	
Faculty:	Department:	