Employee Banking Information

Employee Information

| Name (please print): | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| If changing your bank account please do not close your current account until after your first pay has been deposited into your new account. | |
| Please complete section A or B or attach your institutions pre authorized direct deposit form. | |
| A: Void cheque | |
| Please staple your void cheque here | |
| B: To be filled out by your bank teller | |
| To be completed in full by your financial institution. | |
| Bank Name | Bank teller's stamp |
| Transit # | |
| Institution | |
| Account # | |
| Teller's Signature | |

Employee ID (Office Use Only):