



## Direct Deposit Form

**\*Void Cheque or Deposit Slip must be attached to this form**

**Employee's Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_

I hereby authorize Holland College to deposit my pay directly to my account at the Branch of the financial institution indicated on the attached void cheque or deposit slip. This authorization is to remain in force until Holland College has received written authorization from me of its termination or change.

I grant Holland College the right to correct any Electronic Funds Transfer resulting from any erroneous overpayment by debiting my account to the extent of such overpayment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*IT IS IMPORTANT FOR YOU TO NOTIFY HUMAN RESOURCES AS SOON AS POSSIBLE IF YOU CHANGE YOUR FINANCIAL INSTITUTION OR CLOSE YOUR ACCOUNT.**