

Please complete and submit this form to your Scotiabank account.	employer to ha	ave your paycheque automati	cally deposited into your
То:			
(INSERT NAME OF YOUR EMPLOYER)			
Please accept these instructions to automatical	ally deposit my	paycheque into my bank acco	ount as outlined below:
Employee Information			
MR MATHEW TOMY			(905) 325-5147
5-6891 RUE SHERBROOK	Œ O		
MONTREAL		PROVINCE QC	POSTAL CODE H4B1P6
EMPLOYEE NUMBER (IF APPLICABLE)		DEPARTMENT (IF APPLICABLE)	
Employee Bank Account Information	NUMBER	12 DIGIT /	ACCOUNT NUMBER
THE BANK OF NOVA SCOTIA	NUMBER 002	55566	1167685
THE BANK OF NOVA SCOTIA	1002	33300	1107003
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS			
I am advising the Company to change my pay not responsible for verifying these payments to or make other changes to my account.			
Authorized by:		2024-	FEB-09
SIGNATURE		DATE	

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.