

Please complete and submit this form to your Scotiabank account.	ur employer to h	nave your paycheque automati	cally deposited into your	
To:				
(INSERT NAME OF YOUR EMPLOYER)				
Please accept these instructions to automati	cally deposit my	paycheque into my bank acco	ount as outlined below:	
Employee Information				
MR RAHUL-+HARILAL K	ASWALA	ı.	(437) 545-1001	
51 MOUNTLAND DR				
SCARBOROUGH		PROVINCE ON	POSTAL CODE M1G2N7	
EMPLOYEE NUMBER (IF APPLICABLE)		DEPARTMENT (IF APPLICABLE)		
Employee Bank Account Information	NUMBER	12 DIGIT A	ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	32292	1717383	
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.	
BRANCH ADDRESS				
I am advising the Company to change my p not responsible for verifying these payments or make other changes to my account.				
Authorized by:		2024-	-APR-04	
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.