

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 sign the form in Section "D".

 Return the completed form to your departmental business officer for processing. Please check with your department regarding payroll deadlines. Do not return this form to the Payroll Department. 					
Payroli Department.					
Section A - Personal Information		•••			
Personnel Number:	Social Insurance Number:				
Last Name:	First Name:				
Address:					
Postal Code:	Tel. No (Home) : (
7 Coldi Code.	Tel. No (Home) ; ()				
Section B - Requested Action					
Check one only:		DD / MM / YYYY			
() New Direct Deposit (first time set-up)	Effective Date				
() Change Direct Deposit	Effective Date				
Section C - Institution Information					
Your account number must be recorded accurately. An account number with missing or					
incorrect information will be rejected. For this re	eason be sure to includ	de all "0" and "-" when			
recording your account number.					
Bank Account Number:	Bank Transit (Branch) Number:				
Name of Bank or Financial Institution:					
Main Intersection of Bank:					
Bank Address: (Street No & Name, City Province) Canadian Branches Only					
Postal Code:					
rostal Code.	Bank Tel No.: ()				
Section D - Authorization and Signature					
I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial institution designated and I hereby authorize the bank or financial institution designated, to release my bank account number to the University of Toronto Payroll					
			Department.		
			Signature:		
University Tel. No: ()	Date Signed:				
Faculty:	Department:				