

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. 					
Section A - Personal Information					
Personnel Number:	Social Insurance N	lumber:			
Last Name:	First Name:				
Address:	T iist Name.				
Address.					
Postal 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	urately. An account r	number with missing or			
Your account number must be recorded accurately. An account number with missing or incorrect information will be rejected. For this reason be sure to include all "0" and "-" when					
recording your account number.		as an e and mien			
Bank Account Number:	Bank Transit (Branch) Number:				
Name of Bank or Financial Institution:	,	,			
Main Intersection of Bank:					
Bank Address: (Street No & Name, City Province	ce) Canadian Branch	es Only			
·	•	·			
Postal Code:	Bank Tel No.: ()			
Section D - Authorization and Signature					
I hereby authorize the University of Toronto financial institution designated and I hereby designated, to release my bank account nur Department.	authorize the bank	or financial institution			
Signature:					
University Tel. No: ()	Date Signed:				
Faculty:	Department:				

UNIVERSITY OF TORONTO PROFILE

OFFICE OF THE DEAN FACULTY OF APPLIED SCIENCE AND ENGINEERING							
MR MS MR	S MISS DR	PROF	OTHER:				
SURNAME: FIRST NAME: MIDDLE NAME:							
DEDGONNEL "	***************************************	0 =1/	D-D-11D 4				
PERSONNEL #:	*SOCIAL INSURANCE #:	SEX:	BIRTHDATE: D D M M Y	YYY			
* Copy of SIN card/docum	ent must be submitted						
Proof of age attached:	birth certificate	passpor	t baptismal certif	icate			
•	<u>—</u>						
CITIZENSHIP:	CANADA USA	UK	OTHER				
	Ī						
	VISA STATUS:CANADIAN CITIZENLANDED IMMIGRANTEMPLOYMENT AUTHORIZATION						
STUDENT # (IF APPLICABI							
	ATION # (IF APPLICABLE): norization/work permit/studen	t visa must he si	uhmittad				
copy of employment auti	iorization, work permit, studen	t visa iliust be st	ubilitteu				
HOME ADDRESS:							
STREET	TREET APT/UNIT						
CITY			PROVINCE				
POSTAL CODE	POSTAL CODE PHONE #						
COUNTRY (IF NOT CANADA)							
E-MAIL ADDRESS:							
EDUCATION:				V=45			
DEGREE NAME OF IN	SITIUTION		LOCATION	YEAR			
			•	•			
STATISTICS CANADA DATA: use codes below (TO BE COMPLETED ONLY BY FACULTY)							
	diately prior to appointment or re-appoin	tment at University of	f Toronto				
Type of Employment (check one) 01 Teaching position: univ	versity or affiliated college	02 Non	toaching position: university or affi	liated college			
	er educational institution		Non-teaching position: university or affiliated college Non-teaching position: other educational institution				
05 Student (including pos			Position: hospital, clinic, health care unit				
07 Military: civil and milita	ry personnel excluding hospital	08 Gov	Govt department/agency excluding military/hospital				
09 Industry/commerce		10 Self	10 Self-employed (including private practice)				
11 Other							
Province/Country of Previous Employment Principal Subject Taught							
							
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.							
	SIGNATURE OF STAFF M			forms/profile vis			