

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete all fields then print and sign your authorization. Attach a copy of a voided check or preprinted deposit ticket. Faculty and Staff should submit to the HR/ Payroll Service Center. This authorization will remain in effect until the HR/Payroll Service Center receives written notice to end this service.

NOTE: Direct Deposit is mandatory for all employees.

My role at Northeastern: ☐ Faculty/Staff ☐ Temp

Section A - Personal Information

Personnel Number:	Social Insurance Number:
Last Name:	First 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

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.	
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:	Bank Tel No.: ()

Optional – Second Institution

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.	
Deposit Type	() Percent-Deposit _____ % into Account 1, remainder into Account 2
(Select only one)	() Amount-Deposit \$ _____ into Account 1, remainder into Account 2
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:	Bank Tel No.: ()

Section D - Authorization and Signature

I hereby authorize Northeastern University 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 Northeastern University Payroll Department.

Signature:

University Tel. No: ()

Date Signed: