

Item	Notes
Full legal name (Last name, First Name)	
Date of birth (yyyy-mm-dd)	
Full Address (with city & postal code)	
Email address	
Phone number	
TD1 Federal	Please fill it out and send it back
SIN	
Annual Salary / Hourly Rate	
TD 1 Provincial	Please fill it out and send it back
Start date	
Position	
Direct Deposit Information	
Institution Number	
Transit Number	
Account Number	

I consent to receiving my paystubs, tax slips and related documents to the email address mentioned above:

YES

NO

[Click here for TD1 Federal Form](#)

[Click here for TD1 Provincial Form \(Ontario\)](#)