

Please complete and submit this form to you Scotiabank account.	r employer to h	ave your paycheque automation	cally deposited into your	
To:				
(INSERT NAME OF YOUR EMPLOYER)				
Please accept these instructions to automatic	ally deposit my	paycheque into my bank acco	ount as outlined below:	
Employee Information				
MISS SANIYABANU MEM		(647) 465-2702		
34 APPALACHIAN CRES				
KITCHENER		PROVINCE ON	N2E1A4	
EMPLOYEE NUMBER (IF APPLICABLE)		DEPARTMENT (IF APPLICABLE)		
Employee Bank Account Information				
INSTITUTION	NUMBER		12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	67082	2386186	
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.	
BRANCH ADDRESS				
I am advising the Company to change my pa not responsible for verifying these payments or make other changes to my account.				
Authorized by:		2022-	SEP-23	
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.