Payroll Bank Authorization Form for Direct Deposit

INSTRUCTIONS FOR COMPLETION

x   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.)

x   <u>Be sure to complete ALL sections and sign the form in Section "D".</u>

x   Return the form to Õ¦æå˘æc^ÅÙc˘å^}cÅØ˘}åå} *ÅU~â&^¦ 5 R R P   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 Number:
Last Name:	First Name:
Address:	
Postal Code:	Tel. No (Home) : ( )

Section B - Requ ested 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 accou nt 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.: ( )

Section D - Authorizatio n 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: