

Employee Direct Deposit Information (New or Change) Form

EMPLOYEE NAME _____ EMPLOYEE ID # _____

OCCUPATION _____ DEPARTMENT _____

1. BANK ACCOUNT INFORMATION:

	MOST RECENT RECORD ON FILE (for security purposes, please indicate the bank account information)	NEW (if requesting change to current banking information on file)
Name of Bank		
Transit #		
Bank#		
Account #		
Branch Address		
Bank Stamp	Not applicable	
Bank Certification (Name & Signature)	Not applicable	

IMPORTANT REQUIREMENTS FOR NEW BANKING INFORMATION:

- **You must include a void cheque indicating that you are the account holder.** If the cheque is not personalized (i.e. your name is not preprinted on the cheque), please submit a Banking Information for Direct Deposit form to facilitate direct deposits to your account, duly signed and stamped by an authorized bank representative.
- This form cannot be accepted as an attachment to an email (personal or school district). Please forward the original to Payroll Department, Courier #471.
- The form **must be received by the Payroll Department at least five working days prior to the payroll deposit date.** If you are not sure of the payroll deposit date, please contact Payroll at 604-595-6115.
- When this is a change of bank account, **do not close your previous bank account until a payroll deposit has been received in your new bank account.**

I understand that I am responsible for ensuring the information provided is current and have read the requirements. I will not hold School District #36 (Surrey) responsible for lost or delayed payments where changes to the banking information are made and not communicated to School District #36 (Surrey) in a timely manner. I hereby authorize School District #36 (Surrey) to deposit payments directly into the bank account provided above, until further notice is provided in writing.

Signature _____ Date Completed _____

For Office Use Only:				
Date Received:	If Bank Information Change is Requested (pls. complete):			
Date Processed:	Date EE contacted:			
DOC Verified (initial):	Phone # used to contact:			
PP # Processed:	Information Verified:	SIN	Date of Birth	Address