



Freshwater Fisheries
Society of BC

Payroll Direct Deposit Authorization Form

This form must be completed by Freshwater Fisheries Society of BC employees in order to initiate or change direct pay deposits.

The employee must:

- Complete and sign this form
- Attach a copy of a personal encoded deposit slip or voided cheque for a chequing account or take the form to your bank, trust company or credit union for verification of a savings account
- Fax the completed form to Human Resources
- You MUST submit this form BEFORE changing or closing your bank account (Changing or closing your bank account before notifying Human Resources could result in payment not being made to your account)
- Please type or print clearly

Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected for the purpose of processing your Payroll Direct Deposit Authorization. Questions about the collection or use of this information can be directed to Human Resources.

EMPLOYEE AND BANKING INFORMATION				
Employee Last Name		First Name		Employee ID
I hereby authorize and request my employer to make payroll direct deposits to my account as indicated below				
<input type="checkbox"/> NEW <input type="checkbox"/> CHEQUING <input type="checkbox"/> CHANGE <input type="checkbox"/> SAVINGS				
Institution No	Transit No – Must be 5 digits	Bank Account No	Effective Date (yyyy/mm/dd)	
0				
Employee Signature				Date Signed (yyyy/mm/dd)

BANK OR FINANCIAL INSTITUTION VERIFICATION		
Not required if copy encoded cheque or deposit slip attached.		Bank or Financial Institution Address
Signature of bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature.		
Signature	Date Signed (yyyy/mm/dd)	

PAY OFFICE USE ONLY	
Entered by:	Date Signed (yyyy/mm/dd)