

Payroll Mandatory Direct Deposit Form

Private and Confidential

Note: For your protection, we require a VOID cheque or "Direct Deposit or Pre-authorized Transaction Form" from your financial institution. You must ensure all digits of your bank, branch, and account number are correctly entered below, otherwise we will be unable to deposit your pay, or it may go into someone else's account. If you have any questions, please contact your bank for the proper numbers. Deposits occur based on your pay schedule.

For new hires, please include your banking information, and TD1 tax credit forms, with your complete hiring package to go to Human Resources. For current employees requesting a change in their payroll deposit information you can forward this completed form to any of our Payroll Services team members to update your profile.

This form authorizes any payments to be made by Lakehead's Accounts Payable office to be deposited directly to the account specified on this form. Payments can include reimbursements for travel or other expenses. For these types of payments, you will receive an email notification sent to your Lakehead University email account.

Employee Name _____ Lakehead ID Number _____

Name of Bank: _____

Address of Bank: _____

Branch or Transit Code (must be 5 digits): _____

Financial Institution Number: (must be 3 digits): _____

Account Number (must be 7–12 digits): _____

Employee Signature

Department Worked For

Date

Attach Cheque Here

Attached void cheque or direct deposit/pre-authorization transaction form here. Sample forms are on the next page.



Note: this page does not need to be included when sending.

SAMPLE

YOUR BANK

Payroll Direct Deposit Instructions

Please complete and submit this form to your employer to have your paycheque automatically deposited into your Scotiabank account.

To: _____
(PRINT NAME OF INDIVIDUAL/UNIT)

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

Employee Information

| | | | |
|---------------------------------|--|----------------------------|-------------|
| BOLSHOYFAME | | TELEPHONE NO. | |
| ADDRESS | | | |
| CITY | | PROVINCE | POSTAL CODE |
| EMPLOYEE NUMBER (IF APPLICABLE) | | DEPARTMENT (IF APPLICABLE) | |

Employee Bank Account Information

| | | |
|-------------------------------------|-------------------|-----------------------------------|
| Institution Your Bank | Branch ... | Customer Account No. _____ |
| SWITCH ACCOUNT NO. _____ | | |

I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.

Authorized by: _____

SIGNATURE

NAME

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.

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