

Payroll Mandatory Direct Deposit Form

Private and Confidential

Note: For your protection, we require a sample cheque marked "VOID." If you do not have a chequing account or physical cheque, please obtain a "New Direct Deposit or Pre-authorized Transaction Form" from your financial institution. Ensure that all digits of your bank, branch, and account numbers are 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 will occur based on your pay schedule.

This form will also authorize deposits via electronic funds transfer (EFT) from Lakehead University directly to your bank account. For students, deposits may include refunds due to overpayment or as the result of dropped or withdrawn courses. For employees, deposits may include reimbursements of travel or other expenses. All refunds will be deposited into the account indicated on this form. For these types of payments, you will receive an email notification at the email address provided by you below or at your Lakehead University email account.

Employee Name: _____

Lakehead ID Number: _____ Email: _____

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.



Lakehead UNIVERSITY

Financial Services

Sample VOID cheque and Financial Institution New Direct Deposit/Pre-authorized Transaction Form.

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

001

YOUR NAME
123 ANY STREET
YOUR TOWN, PROVINCE M4P 1V5

DATE

PAY TO THE ORDER OF _____ \$

VOID

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE T1L 1L1

MEMO _____

100 DOLLARS

⑈001⑈ ⑆12345678⑆ ⑆1234567⑈

Cheque # Transit # Institution # Account #

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 YOUR EMPLOYER)

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

Employee Information

EMPLOYEE NAME		TELEPHONE NO.
ADDRESS		
CITY	PROV./ST.	POSTAL CODE
EMPLOYEE NUMBER (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)	

Employee Bank Account Information

Institution	Branch	Customer Account No.
Your Bank		<input type="text"/>
Branch Address		

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

TITLE

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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