

LAKEHEAD UNIVERSITY

PAYROLL - MANDATORY ELECTRONIC DEPOSIT PRIVATE AND CONFIDENTIAL

NOTE: For your protection, we require a sample cheque mark 'VOID'. If you do not have a chequing account, please obtain a 'New Direct Deposit/Pre-authorized Transactions 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.

NOTE: 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 For students, deposits may include refunds due to overpayment or as the result of dropped or withdrawn courses.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 reimbursement 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'S NAME
NAME OF BANK: _____

EMPLOYEE ID NUMBER

ADDRESS OF BANK:

BRANCH OR TRANSIT CODE (must be 5 digits):

INSTITUTION # (must be 3 digits):

ACCOUNT # (must be at least 7 digits):

EMAIL ADDRESS:

EMPLOYEE SIGNATURE

DEPARTMENT WORKED FOR

DATE

Attach VOID cheque or financial institution New Direct Deposit/Pre-authorized Transaction form here – sample forms are on next page.

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

001

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

DATE


Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE I1L 1L1

MEMO _____



Cheque # **Transit #** **Institution #** **Account #**

Your Bank *SAMPLE*

New Direct Deposit/Pre-authorized Transactions

Customer name: _____

Account No _____
Transit No. Inst. No. Account No.

This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.

Billing/deposit company information:

Company name _____ Phone _____
 Street _____ Fax _____
 City _____ Prov. _____ Postal code _____

Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:
(one form for each change)

1. Preauthorized payment
 Please indicate which apply:

<input type="checkbox"/> Insurance	<input type="checkbox"/> Mortgage payment	Policy/account # _____
<input type="checkbox"/> Utility	<input type="checkbox"/> Lease	Payment frequency (monthly, weekly, daily) _____
<input type="checkbox"/> Membership	<input type="checkbox"/> Other	Payment amount _____
<input type="checkbox"/> Loan payment		Next payment date (dd/mm/yyyy) _____

2. Direct deposits
 Please indicate which apply:

<input type="checkbox"/> RIF/LIF/LRIF	<input type="checkbox"/> Annuity
<input type="checkbox"/> Benefit/Pension	<input type="checkbox"/> Other

3. Payroll deposit

All authorized signatures required

Customer or Signing Officer signature(s) _____ Date (dd/mm/yyyy) _____

Customer or Signing Officer signature(s) _____ Date (dd/mm/yyyy) _____

Note: To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrolment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.cra-adrc.gc.ca).

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