

DIRECT DEPOSIT FORM

Name	Employee Number	Organization I.D.	Department Number
_____	_____	10240	_____

I certify that the following or attached information is correct and is provided to have the net amount of wages deposited to my account.

Signature _____ Date _____

NOTE: A cancelled blank cheque must be attached to this form in order to ensure proper credit to your account. If a cancelled cheque is unavailable, please have your financial institution complete the information below.

SECTION "B" - TO BE COMPLETED IF A CANCELLED BLANK CHEQUE IS NOT ATTACHED.
(This section must be completed by a representative of your financial institution, NOT by yourself.)

Bank I.D.	Branch Transit No.	Account No.	Name of Branch
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Address of Financial Institution

Postal Code

I confirm that the above information has been carefully checked and is accurate.

_____	_____	_____
Name of Bank Employee (pls print)	Signature	Date

SECTION "C" - THE FOLLOWING INFORMATION IS TO BE PROVIDED BY ALL EMPLOYEES.

Employee's Home Address _____

Postal Code _____

Telephone Number Home (_____) _____ - _____
Office (_____) _____ - _____