

DIRECT DEPOSIT AGREEMENT

EMPLOYEE NUMBER

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SURNAME

GIVEN NAME

Name of Bank or Financial Institution: _____

Branch Name and Address: _____

Direct Payment Routing Number

Branch Number
(always 5 digits)

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Institution Number
(always 3 digits)

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Account Number
(number of digits varies by Institution)

INSTRUCTIONS

- * In order to verify the Direct Payment Routing Number, we ask that you please attach a sample of your personal cheque for the account in which you wish the payroll payments deposited (not "line of credit" account). Write "Cancelled" or "Voided" on the front of the cheque.
- * Supply us with your office telephone number in case we need to contact you in regard to the Banking Data supplied.
- * Your signature on this form is your authorization to Algonquin College to deposit your pay into the account indicated above.
- * Please return the completed form to the Payroll office in room C550, Woodroffe Campus.

Date: _____

Employee Signature

Telephone Number: _____