



THE UNIVERSITY OF BRITISH COLUMBIA  
**PAYROLL DIRECT DEPOSIT**

PLEASE  
 PRINT

Name (Surname, followed by Given Name & Initial)		
Social Insurance Number	Employee ID	email address
Faculty/Department		Phone <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell

**I authorize the University of British Columbia to deposit my pay as noted below:**

Banking Institution (must be a Canadian institution): Name: _____ Address: _____ City: _____ Postal Code: _____	Account Type: <input type="checkbox"/> Chequing (cheque must be attached) <input type="checkbox"/> Savings (see below for instructions) <input type="checkbox"/> Other (see below for instructions)
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**CHEQUING ACCOUNTS PLEASE ATTACH A VOIDED CHEQUE**

**For NON-CHEQUING accounts:**

Please have your banking institution fill in this area or have them stamp the adjacent box Bank: _____ Transit#: _____ Acct#: _____ <small>Minimum 7, maximum 14</small>	Bank Stamp:
Signature <b>X</b> _____	Date signed (yyyy/mm/dd) _____