



Payroll Direct Deposit Form

***** Direct Deposit is a Mandatory Condition of Employment at UBC *****
All fields on this form are Mandatory. Return this form on or before the Employee's start date.

Employee Name (Last, First): _____ Employee Number or SIN: _____

Faculty/Department: _____ Email address: _____ Effective Date of employment: _____

Please enter your bank account information below, you can find your banking details by :

- Attaching a void cheque from your cheque book
- Visit your bank and request a void cheque or Direct Deposit slip, then attach to this form
- Access your Online Banking, go to My Account and select Direct Deposit or Void Cheque and attach to this form

Chequing Account Savings Account

Your Name 1234 Your Street Yourtown, BC A1A 2B2	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">D</td> <td style="font-size: 8px;">D</td> <td style="font-size: 8px;">M</td> <td style="font-size: 8px;">M</td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> </tr> </table>							D	D	M	M	Y	Y
D	D	M	M	Y	Y								
Pay to the order of _____ \$ _____ /100 DOLLARS													
YOUR BANK NAME _____													
MEMO _____													
"001" :12345" 003: 123"45678													

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Banking Institution: _____

Branch Address: _____

I authorize Direct Deposit to the above account:

Signed: _____ Date: _____

ADMINISTRATION USE ONLY:		
Received Date:	Processed Date:	Processed by: