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	☐ Work ☐ Home ☐ 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:

☐ Chequing (cheque must be attached)

☐ Savings (see below for instructions)

☐ Other (see below for instructions)

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#: _____
Minimum 7, maximum 14

Bank Stamp:

Signature

X _____

Date signed (yyyy/mm/dd)

_____