



THE UNIVERSITY OF BRITISH COLUMBIA
PAYROLL DIRECT DEPOSIT CANCELLATION/CHANGE

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 cancel the direct deposit of my pay as of:

Date as of which direct deposit is cancelled:

_____ / _____ / _____
 yyyy / mm / dd

NOTE: Form must be received two weeks prior to the date of the paycheque to which it will apply

Employees are advised not to close former account until funds begin to credit new accounts.

If changing banking institutions, please fill in the information below as well

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#: [] Minimum 7, maximum 14	Bank Stamp:
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Signature X _____	Date signed (yyyy/mm/dd) _____
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