Employee Direct Deposit



Payroll	N	ew Account	LINOLI MILLI
A/P (Expense Claims)		hange Account Information	Cancel Account
Employee Information			
First Name:		Last Name:	
Employee/Student ID#:			
Address:			
You have the option of directing your pay into either one or two bank accounts.			
Please attach a cheque(s) marked "VOID" and return this form to the Payroll Department for processing.			
If you do not have cheques for this account, please attach the printed Payroll Direct Deposit form provided by your financial institution. We regret that we are unable to accept handwritten banking information.			
Direct Deposit Information—Primary: Accounts Payable and Payroll			
Bank or Financial Institution: Address of Financial Institution (include Postal Code)	1:		
Amount or percentage of net p	bay for deposit: \$		Or %
Financial Institution Code	0	Bank Transit Number	
(Bank ID):	(3 digit number XXX)	(Branch #):	(5 digit number XXXXX)
Account Number:			*Attach void cheque/bank form
Direct Deposit Information—Secondary: Payroll Only (Optional)			
Bank or Financial Institution: Address of Financial Institution (include Postal Code)	:		
Amount or percentage of net p	bay for deposit: \$		Or %
Financial Institution Code	1	Bank Transit Number	
(Bank ID):	(3 digit number XXX)	(Branch #):	(5 digit number XXXXX)
Account Number:			*Attach void cheque/bank form
Authorization			
To verify your identity, please provide only the last 3 digits of your SIN # and your birth month & year			
SIN # (last 3 digits)	E	Birth date: MM / YY	
I authorize my employer, University of the Fraser Valley, to deposit funds to the above account(s):			
Signature:		Date:	<u>mm</u> / <u>dd</u> / <u>yyyy</u>
Print & Send the completed form to: Payroll Division Abbotsford Campus A291			