



Payroll _____ Expense Claims _____

**Employee Direct Deposit
Authorization Form**

New Account _____ Change Account _____ Cancel Account _____

Personal Information

Employee Name _____ Employee ID Number _____

You have the option of directing your pay into either one or two bank accounts. (Expense Claims must be deposited into one account only).

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.

Bank One Information

Bank or Financial Institution _____

Bank Address _____

Postal Code _____ Amount or percent of net pay for deposit \$ _____ or _____ %

Financial Institution 0 _____ Bank Transit Number _____

Account Number _____

Bank Two Information

Bank or Financial Institution _____

Bank Address _____

Postal Code _____ Amount or percent of net pay for deposit \$ _____ or _____ %

Financial Institution 0 _____ Bank Transit Number _____

Account Number _____

I authorize my employer, University of the Fraser Valley, to deposit funds to the above accounts.

Signature _____

Date _____