

# **Human Resource Services** 1265 Military Trail, Room B526C/D Toronto, Ontario, M1C 1A4

payroll.utsc@utoronto.ca

### PAYROLL BANK DEPOSIT AUTHORIZATION FORM FOR DIRECT DEPOSIT

# INSTRUCTIONS FOR COMPLETION:

- To ensure that your account is correct, please attach a cheque marked "VOID" for an account with chequing privileges or a personalized deposit slip. (Your financial institution may not accept Direct Deposit for accounts other than savings or chequing, i.e. line of credit. Please check with your financial institution.)
- Be sure to complete ALL sections and sign the form in Section "D".

until you have had one successful deposit to your new account.

Return the completed form to B526C/D, Human Resource Services, for processing. Please check with your department regarding payroll deadlines.

Section A – Personal Information						
Last Name:			First Name:			
Personnel Number:			Social Insurance Number:			
Address (Street No. & Name, Apt. No., City, Province, Postal Code):						
Home Telephone No.:			University Telephone No.:			
Section B – Requested Action						
Check one only:				DD/ MM/ YYYY		
( )	New Direct Deposit (first time set-up)	Effec	ctive Date			
	Change Direct Deposit	Effec	ctive Date			
( )	Please do not close the account to which the Payroll Department is currently depositing your pay					

### Section C - Institution Information

Your account number must be recorded accurately. An account number with missing or incorrect information will be rejected. For this reason, be sure to include every "0" and "-" when recording your account number.					
Name of Bank or Financial Institution:					
Institution Number (3 digits):	Bank Transit Number (5 digits):				
Account Number (7-12 digits):	Main Intersection of Bank:				
Bank Address: (Street No. & Name, City, Province, Postal Code; Canadian Branches Only)					
Postal Code:	Bank Telephone No.:				

# Section D - Authorization and Signature

I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial				
institution designated and I hereby authorize the bank or financial institution designated to release my				
bank account number to the University of Toronto Payroll Department.				
Signature:	Date Signed:			
	Department:			