Payroll Bank Authorization Form for Direct Deposit



Submission Instructions

- 1) From the Catalogue, go to General Inquiry
- 2) Indicate the form name in the field "What is your question?"
- 3) Click **Add attachments** to attach your form
- 4) Submit

Personnel Number:	Social Insurance Number:		
Last Name:	First Name:		
Address:			
Postal Code:	Tel. No (Home) : ()		
Section B - Requested Action			
Check one only:		DD / MM / YYYY	
New Direct Deposit (first time set-up)	Effective Date		
Change Direct Deposit	Effective Date		
Your account number must be recorded ac incorrect information will be rejected. For this r recording your account number. Bank Account Number:		ide all "0" and "-" when	
Name of Bank or Financial Institution:	Dank Hansit (Diai	icij ivaniber.	
Main Intersection of Bank:			
Bank Address: (Street No & Name, City Provin	nce) Canadian Branch	hes Only	
Postal Code:	Bank Tel No.: ()	
Section D - Authorization and Signature			
I hereby authorize the University of Toronto financial institution designated and I hereb designated, to release my bank account nu Department.	y authorize the bank	or financial institution	
Signature:			
University Tel. No: ()	Date Signed:	Date Signed:	
Faculty:	Department:		