

Direct Deposit

Name: _____

S.I.N.: _____

Address: _____

I hereby authorize Northern Lights School Division #113 to deposit my pay directly to my bank account as described in the Financial Institution Data section of this form. An earning/deduction statement will be provided via web mail at the end of each month. Deposits to my account will be shown as "NLSD Payroll" or abbreviated caption to denote the automated transaction on my account records. I also understand that I am only allowed to change my advance amount or banking instructions once per year.

Employee Signature

Date

FINANCIAL INSTITUTION DATA

Attach Cheque Here

Handwritten banking information

We will not accept responsibility for mistakes you make in transcribing banking information. The safest way to submit the information is to take a blank cheque and write "VOID" through the signature area. Our staff can then pick up the actual clearing information (institution number, transit number and account number) from the bottom of the cheque and then you will not have responsibility for the results.

Employee Signature

Date

ADVANCE REQUEST

I would like a \$ _____ or _____ % advance each month.

Advances must be less than 50% of your monthly net pay and will be deposited to your account on the last banking day prior to the 16th of the month. The personal information provided on this form will be confidential and used only for the purposes of direct depositing your pay with the financial institution specified on this form.

Employee Signature

Date

Submit to:

E-mail: corinnemcconnell@nlsd113.ca (or)

Fax #: (306) 425-4932

Corinne McConnell, Payroll Supervisor ph# 306 425 3302