

Direct Deposit – Pre-authorized credit Form

Direct Deposit Authorization

To have your cheque deposited directly to your bank or other financial institution, please complete the authorization and details below and return to *ATTN: Payroll Dept.*

Name: _____ **Signature:** _____

Address: _____

City/Province: _____ **Postal Code:** _____

Please deposit the _____ payable to me/us directly to my/our account (details below).
(payroll/annuity/pension, etc.)

Details of the account to which payments are to be deposited:

Bank or Financial Institution Name: _____

Address of branch: _____

City/Prov: _____ **Postal Code:** _____

Direct routing number: _____ **Account Number:** _____

Institution No. _____ **Branch Transit No:** _____

Please attach a sample cheque marked “VOID”

#200, 4283 Village Centre Court, Mississauga, ON L4Z 1V3
Phone: (905) 270-0022 Fax: (905) 270-4222