



DIRECT DEPOSIT INFORMATION

Human Resources & Financial Services

Attach a sample personalized deposit slip or cheque, marked "VOID" for proof of each correct account and deposit numbers. Where this may not be possible contact Payroll & Benefits for assistance.

I.D. #: _____

Surname

(PLEASE PRINT)

Given Name(s)

Primary Bank Account:

Name of Financial Institution Branch Name

Branch Street Address, Box No.

City Province Postal Code

Branch No. (5 digits) Bank No. (3 digits) Account No. (7+ digits)

Secondary Bank Account:

Amount to be deposited each pay: \$ _____

Name of Financial Institution Branch Name

Branch Street Address, Box No.

City Province Postal Code

Branch No. (5 digits) Bank No. (3 digits) Account No. (7+ digits)

I hereby authorize the University of Lethbridge to credit my pay to the account(s) in the financial institution(s) as above until such time as I no longer receive pay from the University or advise changes in writing.

Signature

Date

Change(s) to direct deposit information must be received by mid month for change that month.

The personal information collected on this form is subject to the provisions of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is collected for the purpose of administering Payroll deposits for employees, Reimbursements through Financial Services and Reimbursement for Benefit claims through Pension & Benefits. Information collected may be forwarded to the corresponding institutions for the purpose of administering the program. If you have any questions about the collection of this information, contact Human Resources, University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4, phone 329-2274.