



Direct Deposit Authorization

Employee Name:

Section 1 - This is your main deposit account.

Complete by attaching a VOID cheque. If you do not have a void cheque, please contact your financial institution for this information.

Financial Institution Number (3 digits)

Financial Institution Transit Number (5 digits)

Bank Account Number

Financial Institution Name

Branch Address

Section 2 – Complete this section if you would like a portion of your pay deposited into a second account.

Complete by attaching a VOID cheque. If you do not have a void cheque, please contact your financial institution for this information.

Financial Institution Number (3 digits)

Financial Institution Transit Number (5 digits)

Bank Account Number

Financial Institution Name

Branch Address

Secondary Deposit Amount

\$

or

% (of net pay)

Section 3

I hereby authorize Brescia University College to credit payroll payments due to me, to my account with the financial institution(s) designated above.

Employee Signature:

Date: