



# APPLICATION FOR DIRECT DEPOSIT OF PAYROLL/PENSION

PLEASE COMPLETE SHADED AREAS

TRAN 023

EMPLOYEE ID												ORG ID				EMPLOYEE NAME								ACTION CODE							
DEPT NAME																		EFFECTIVE DATE													

ENTER BANK NAME BELOW

ENTER BRANCH ADDRESS BELOW

ENTER YOUR FINANCIAL INSTITUTION ID NUMBER AND YOUR ACCOUNT NUMBER IN THE SPACES BELOW. YOUR BANK OR FINANCIAL INSTITUTION CAN ASSIST YOU IN COMPLETING THIS INFORMATION.

0

BANK

TRANSIT NUMBER

ACCOUNT NUMBER

ATTACH VOIDED DEPOSIT TICKET OR CHEQUE  
HERE

IF CHEQUE OR DEPOSIT TICKET IS NOT ATTACHED, PLEASE HAVE A FINANCIAL INSTITUTION OFFICIAL SIGN BELOW AS VERIFICATION OF THE NUMBERS GIVEN.  
OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES TO MY (OUR) CHECKING AND/OR SAVINGS ACCOUNT INDICATED ABOVE AND THE DEPOSITORIES NAMED ABOVE, TO CREDIT THE SAME TO SUCH ACCOUNT.  
DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**Access to Information and Protection of Privacy**  
This banking information is being collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and will be used for direct deposit administration within the Department of Human Resources, Arts and Administration Building, Memorial University of Newfoundland, 709-737-7410.

FOR OFFICE USE ONLY

DISP TYPE

PAY DISP

FINANCIAL INSTITUTION ID

ACCOUNT NUMBER

A

D

0

Start Date

PREPARED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE \_\_\_\_\_