Memorial
University of Newfoundland

APPLICATION FOR DIRECT DEPOSIT OF PAYROLL/PENSION

TRAN 023

PLEASE COMPLETE SHADED AREAS

EMPLOYEE ID		ORG ID		EMPLOYEE NAME		ACTION CODE	
DEPT NAME				EFFECTIVE DATE CCYY/MM/DD			

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 INSITUTUTION ID	ACCOUNT NUMBER
A	D	0	

Start Date

PREPARED BY: APPROVED BY: DATE

DEPAPPL 08 / 05