

DEPAPPL 08/05

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 CCYY/MM/DD	
ENTER BANK NAME BELOW			ENTER BRANCH	ADDRESS BELOW		
ENTER YOUR FINANCIAL INSTI	ITUTION ID NUMBER AN	ID YOUR ACCOUNT NUMBE	ER IN THE SPACES BELOW.	YOUR BANK OR FINANCIAL INST	TITUTION CAN ASSIST YOU IN COMPLETING	THIS INFORMATION.
0						
BANK TRANSIT NUMBER ACCOUNT NUMBER						
ATTACH VOIDED DEPOSIT	IF CHEQUE OR DEPOSIT	TICKET IS NOT ATTACHED, PLE GN BELOW AS VERIFICATION O			Access to Information and Protection of This banking information is being collected University Act (RSNL 1990 c M-7) and will b administration Building, Memorial University	Privacy under the authority of the Memorial e used for direct deposit nan Resources, Arts and
FOR OFFICE USE ONLY						
DISP TYPE PAY DISP FINANCIAL INSITUTUTION ID A D O				ACCOUNT NUMBER		
Start Dat	е					
PREPARED BY:			APPROVED BY:		DATE	