

Employee Direct Deposit Enrollment Form (Canada)



COMPANY NAME:

PAYROLL MANAGER NAME:

PAYROLL MANAGER SIGNATURE: _____

To enroll in direct deposit, simply fill out this form and give to your payroll manager. **Attach a voided check or payroll direct deposit form on bank letter head for each account.**

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Employer/Company ("Employer"), either directly or through TIMETREX to deposit any amounts owed me by initiating credit entries to my account at the financial institution ("Bank") indicated on this form. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through TIMETREX to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

EMPLOYEE FULL NAME:

EMPLOYEE #:

EMPLOYEE SIGNATURE: _____

DATE:

Account Information: The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate the amount to be deposited, if less than your total net pay check.

1. Bank Name:

Branch Transit Number:

Institution Number:

Account Number:

I wish to deposit: \$ or % or Entire Net Amount

2. Bank Name:

Branch Transit Number:

Institution Number:

Account Number:

I wish to deposit: \$ or % or Entire Net Amount

3. Bank Name:

Branch Transit Number:

Institution Number:

Account Number:

I wish to deposit: \$ or % or Entire Net Amount

ATTENTION PAYROLL MANAGER: Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.