

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

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BANK

TRANSIT NUMBER

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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 INSITUTION ID	ACCOUNT NUMBER
A	D	0	

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Start Date

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PREPARED BY:

APPROVED BY:

DATE