

Payment & Procurement Services 5th Floor - TEF3 6190 Agronomy Road, Vancouver BC V6T 1Z3

Phone 604 822 2187 Fax 604 822 3261

Payroll Direct Deposit Form *** All fields on this form are mandatory ***

Account holder name (Last, First):		Employee Number or SIN:	☐ Faculty ☐ Staff ☐ Student
Faculty/Department:	email address:	Phone:	
from your bank Note: submitting in If you have a cheque	nequing account, please obtained account, please obtaining account, you can obtain overtop of the sample	ermation below tain the transit, branch, and a esult in your payment going a the numbers from a cheque	astray.
Your Name 1234 Your Street Yourtown, BC A1A 2B2 Pay to the order of YOUR BANK NAME Transit # "XXX" : XXXXXX"	Bank Account #	\$ \$ /100 DC	M Y Y
Transit (Branch) please write in the banking infor		unt Number	<u> </u>
Banking Institution: Branch Address:			
I authorize the University of British Colu	nbia to deposit my pay as noted abov	e	
Signature		 Date	