

## **PAYABLES & DISBURSEMENTS DIRECT DEPOSIT**

This form is to be used for Direct Deposit to a bank account **other than** Payroll. This will be for all advances, travel claims, refunds or other expenses not associated with payroll.

Date: \ \ Email Address:	
Social Insurance Number:	
Print Name Here:	
Signature:	
Attach a " <b>VOID</b> " cheque <b>OR</b> verification from the standard representation of the standard r	
NOTE: IF NOT ATTACHING A "VOID" CHECTHE FOLLOWING SECTION COMPLETED BY	
For Bank Use Only:	Institution Stamp
Bank Name:	
Bank Address:	
Institution Number:	
Transit Number:	
Account Number:	

Return this form to the attention of the Payables & Disbursements Supervisor in Financial Services Room 001, Building Number 8, Bailey Drive. Phone 453-4633.