# Direct Deposit Enrollment Form

Nature of request *(check)*: ☐ Inscription ☐ Change of account

## **Employer Information**

[Company name]

[Address *(street, city, province)*]

[Postal code]

## **Employee Information**

|  |  |  |
| --- | --- | --- |
| First name: | | Name: |
| Address: | | Telephone no.: |
| City: | | Social insurance no. *(SIN)*: |
| Province: | Postal code: | Employee no.: |

I hereby authorize **[Company name]** to deposit my payroll check into the account listed below, and agree that all necessary information to make these deposits be communicated to any party for the purpose of following up on this authorization.

**Employee signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Financial Institution Information**

|  |  |  |
| --- | --- | --- |
| Name of the financial institution: | | |
| Address: | | |
| City: | | Postal code: |
| Financial institution no.: | Transit or branch no.: | Folio or account no.: |

**IMPORTANT:** Please attach a VOID check to prevent potential transcription errors.

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