



University
of Windsor

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

This form is required to ADD or CHANGE an existing direct deposit and must be received by the Payroll Department before payment can be processed, this authorization must be signed by the employee to be valid.

Employee Information:

First Name: _____ Last Name: _____

Employee Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Banking Information:

PLEASE ATTACH A VOID CHEQUE OR FILL OUT THE FOLLOWING INFORMATION
(MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION)

Bank Name: _____

Bank Address: _____

Bank Number: _____ Bank Transit Number: _____

Bank Account Number: _____

Branch Verification Signature: _____

Please note that all banking information will be passed on to the Accounts Payable to set up direct deposit for reimbursement of expenses. If you would like to have these funds deposited to a different bank account other than the one that has been specified for Payroll, please contact the Accounts Payable Department at Ext. 2123.

I HEREBY AUTHORIZE THE UNIVERSITY OF WINDSOR TO DEPOSIT MY PAYROLL AND ACCOUNTS PAYABLE PAYMENTS DIRECTLY TO THE BANK ACCOUNT PROVIDED ABOVE.

Please complete the following: (select) New Setup or Change of Account

Signature

Your typed name below indicates your approval of the form and confirms that all information is accurate.

Date: _____

Submit Form To: Payroll Department payroll@uwindsor.ca. Any inquiries should be directed to this department at (519) 253-3000 ext. 2135.
