



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

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.

First Name: _____	Last Name: _____
Employee Number: _____	
Address: _____	
City: _____	Province: _____ Postal Code: _____

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 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: New Setup Change of Account

Employee's Signature: _____ **Date:** _____
mm/dd/yyyy

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