



INTERLAKE SCHOOL DIVISION PAYROLL DIRECT DEPOSIT INFORMATION

Employee Name: _____

Social Insurance Number: _____ - _____ - _____

Date of Birth: _____ D _____ M _____ Y

Position: _____

Email Address: _____

Financial Institution: _____

Type of Account (Chequing or Savings): _____

Financial Institution Address: _____

Financial Institution Phone: (____) _____

Account No.: _____ / _____ / _____ % of Net Pay _____ or \$ _____
Transit Institution Account No.
5 Numbers 3 Numbers

Account No.: _____ / _____ / _____ % of Net Pay _____ or \$ _____
Transit Institution Account No.
5 Numbers 3 Numbers

Total 100%

IMPORTANT:

If you are using a chequing account, please attach a "VOID" blank personal cheque to this completed form and return it to the Interlake School Division Office. Should you change your financial institution, please advise us immediately.

Date

Signature

Employee # _____ (For office use only)