

New Application

Change of Information

Instructions:

- All fields on this form are mandatory and must be completed in printing prior to submitting the form.
- Please attach a blank void cheque for all banking information given below. If a void cheque is not available, please attach a letter from your financial institution confirming the banking information.
- Send the completed application to:
 - Manager of General Accounting, York University, East Office Building Suite B, 4700 Keele Street, Toronto, ON M3J 1P3 OR
 - Via email to acctspay@yorku.ca.

EMPLOYEE INFORMATION	Surname		First Name	
	Employee Number E		Email (mandatory)	
	Campus Phone		External Phone (i.e. home or cell)	
	Internal campus address or External address			
	City	Province/State	Postal code/Zip	Country

BANKING INFORMATION	Name of Financial Institution		Account Number	<input type="checkbox"/> Chequing <input type="checkbox"/> Saving
	Institution No. (3 digits)		Branch Transit Number (5 digits)	
	Branch Address			
	City	Province	Postal Code	

The banking information can be located on your passbook, bank statement, encoded deposit slip, cheque (see sample below) or by contacting your financial institution.

|| 9999 || : 999999 9999 : 999 999 9 ||

1
|
└─> This is the cheque number (do not enter this number).

2
|
└─> This is the branch number (5-digit number).

3
|
└─> This is the institution number (3-digit number).

4
|
└─> This is the account number used for direct deposit.

***** PLEASE ATTACH A CHEQUE MARKED "VOID" *****

AUTHORIZATION

I authorize York University to credit my bank account indicated above. I will notify York University Accounts Payable promptly in writing if I move the account from one financial institution or branch to another or if there is any change in the account. I have retained a signed copy of this authorization form.

Signature of employee

Date

For Finance Department use only:

Comptroller's Office Approval

Date

Setup Processed

Date

Setup Verified

Date