Graduate Program in Education – York University Payroll Information

Title:	Mr.	Mrs.	Miss.	Ms.	Dr.
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Last Name:					
Mailing Address:					
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Date of Birth:					
Social Insurance Number:					
S.I. N. Expiry Date: (If applicable)					
Emergency Contact:					
Emergency Contact Telephone Number:					
Relationship:					
Bank Information: Please supply complete bank address (provide a blank cheque with Void					
written across it)	Bank #:	Transit #:	Acct #:		
N.B. Bank details: Please give the series of numbers at the foot of one of your cheques, excluding the first three which are the numbers of that actual cheque and matches the top right hand side.					

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