

APPLICATION FOR EMPLOYEE DIRECT DEPOSIT BANKING

New Application

Change of Information



Instructions:

- 1. 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.
- 3. Send the completed application to:
 - Manager, Procurement Operations, Procurement Services, York University, 4700 Keele Street, Toronto, ON M3J 1P3 <u>OR</u> - Via email to <u>venreq@yorku.ca</u>.

EMPLOYEE INFORMATION	Surname		First Name		
	Employee Number * Mandatory		Electronic Funds Transfer (EFT) Notification Email		
	Campus Phone		External Phone (i.e. home or cell)		
	Internal campus address or External address				
	City	Province/State	Postal code/Zip	Country	

	Name of Financial Institution		Account Number		□ Chequing □ Saving
	Institution No. (3 digits)		Branch Transit Number (5 digits)		
BANKING					
INFORMATION	Branch Address				
				r	
	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.

# 99	9" I:999999"	9991: 999…999	" ¶ II"
		3 4 $-$ This is the institution is the branch number (5-dig e number (do not enter this	git number).
	****	PLEASE ATTACH A CH	EQUE 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

For Finance Department use only:

Comptroller's Office Approval

Setup Processed

Setup Verified

Date

Date

Date

Date