



UNIVERSITY OF  
**ST. MICHAEL'S COLLEGE**  
IN THE UNIVERSITY OF TORONTO

**– PAYROLL BANK AUTHORIZATION FORM for DIRECT DEPOSIT –**

1. To ensure accuracy of your account number, please enclose a cheque marked "VOID" or a personalized deposit slip.
2. Please be sure to include all "0" and "—" when recording your account number.
3. Effective Date: Indicate when the deposit is to be effective (this is subject to Payroll deadlines)

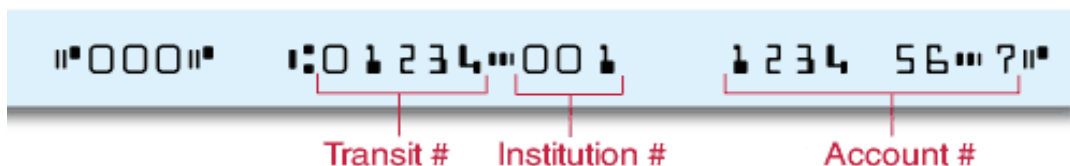
<b>First Name</b>	<b>Last Name</b>	<b>Personnel Number</b>

**Requested Action** (*check one only*)

New Direct Deposit (first time set-up)     Change Direct Deposit

**Effective Date** (DD/MM/YYYY) : \_\_\_\_\_

**Bank or Financial Institution Information**



<b>Name of Bank or Financial Institution #:</b>	
<b>Bank Transit #:</b>	
<b>Bank Account #:</b>	
<b>Bank Address:</b> ( <i>Canadian Branches only</i> )	
<b>City:</b>	<b>Postal Code:</b>

I hereby authorize the St. Michael's College to deposit my payroll payment in the bank or financial institution designated and I hereby authorize the bank or financial institution designated to release my bank account number to the St. Michael's College Finance Department.

<b>Signature</b>	<b>Date</b>