



**PAYROLL
DIRECT DEPOSIT APPLICATION/CHANGE FORM**

Making a difference...together

Instructions: Once completed, please return this form to Human Resources & Organizational Development inperson, by email or by Fax 250.360.3076

Employee Name: _____

Employee # _____ Department/Location: _____

I hereby authorize the Capital Regional District to deposit my pay to my chequing/savings account(s) indicated below. I authorize the CRD Payroll Department to share this information with Accounts Payable if required. I will advise the CRD of any change in this regard, and the authorization is to remain in effect until cancelled in writing. I acknowledge that I am the holder or joint holder of this account(s).

Signature _____

Date _____

Main- Attach voided cheque. If a non-chequing account a Bank Representative must complete

Branch No. 	Inst. No. 	Account No. 	
Financial Institution Name, Address and Postal Code (a stamp may be used)		Amount per pay: _____	entire pay or remaining balance: _____
		Bank Phone #: _____	
		Date: _____	

Account #2- Attach voided cheque. If a non-chequing account a Bank Rep must complete

Branch No. 	Inst. No. 	Account No. 	
Financial Institution Name, Address and Postal Code (a stamp may be used)		Amount per pay: \$ _____	
		Bank Phone #: _____	
		Date: _____	

Account #3 - Attach voided cheque. If a non-chequing account a Bank Rep must complete

Branch No. 	Inst. No. 	Account No. 	
Financial Institution Name, Address and Postal Code (a stamp may be used)		Amount per pay: \$ _____	
		Bank Phone #: _____	
		Date: _____	

Unless otherwise stipulated, the direct deposit will commence on the pay date following receipt of the form.