



**PAYROLL  
DIRECT DEPOSIT APPLICATION/CHANGE FORM**

Making a difference...together

**Instructions:** Once completed, please return this form to Human Resources in person, by email or by Fax 250.360.3076

Employee Name: \_\_\_\_\_

Employee # (blank if new) \_\_\_\_\_ Department/Location: \_\_\_\_\_

I hereby authorize the Capital Regional District (CRD) to make direct deposits of payroll and other payments or reimbursements to my chequing/savings account(s) as indicated below. I will advise the CRD of any change in this regard, and this authorization is to remain in effect until cancelled in writing. I acknowledge that I am the holder or joint holder of the account(s).

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Direct Deposit Forms can be printed from your financial institution's on-line banking website or obtained from your local branch. A form or void cheque must be included for each account.**

**Main- Attach a void cheque or Direct Deposit Form from your bank.**

Branch No. 	Inst. No. 	Account No. 
Financial Institution Name, Address and Postal Code		Amount per pay: <span style="float: right;">entire pay or remaining balance:</span>  Bank Phone #: _____  Date: _____

**Account #2- Attach a void cheque or Direct Deposit Form from your bank.**

Branch No. 	Inst. No. 	Account No. 
Financial Institution Name, Address and Postal Code		Amount per pay: \$ _____  Bank Phone #: _____  Date: _____

**Account #3 - Attach a void cheque or Direct Deposit Form from your bank.**

Branch No. 	Inst. No. 	Account No. 
Financial Institution Name, Address and Postal Code		Amount per pay: \$ _____  Bank Phone #: _____  Date: _____

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