



REQUEST TO CHANGE BANKING FOR PAYROLL DEPOSIT

The request to change your banking information will be processed on the next available pay date.

You may submit the completed form by fax to 613-966-4092 or send via the Board courier to Payroll & Benefits Services at the Education Centre. Note that only complete forms, properly signed, will be accepted.

NAME (Print)	
EMPLOYEE ID	
WORK LOCATION	
EMPLOYEE TYPE	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-Teaching <input type="checkbox"/> Occasional Teacher/Casual

Complete the following using the illustration below:

TRANSIT #	
INSTITUTION #	
ACCOUNT #	

You are strongly encouraged to leave the old account open until you see a deposit in your new account to avoid not receiving your pay on time.

Signature _____

Date _____

FIRST LASTNAME 000
1234 AVENUE ST
CITY, PROV. Z1Z 1Z1
Tel: (416) 555-0000

PAY TO THE ORDER OF _____ \$ _____
/ 100 DOLLARS

IN Institution Name
Institution Full Name
Internet: www.institution.com
2345 Street Ave.
City, Prov. Z1Z 1Z1

MEMO: _____

⑈000⑈ ⑆01234⑈001 ⑆234 56⑈7⑈

⑈000⑈ ⑆01234⑈001 ⑆234 56⑈7⑈

Transit # Institution # Account #