

Fax 604 822 9233

Payroll Direct Deposit Form *** All fields on this form are mandatory ***

Account holder name (Last, First):		Employee Number or SIN:	☐ Faculty ☐ Staff
Faculty/Department:	email address:	Phone:	□ Student

Account Information: Please enter your bank account information below

- If you have a non-chequing account, please obtain the transit, branch, and account numbers • from your bank
 - Note: submitting incorrect information could result in your payment going astray.
- If you have a chequing account, you can obtain the numbers from a cheque (see below), or • attach the cheque overtop of the sample

Chequing Savings	
Your Name 1234 Your Street Yourtown, BC A1A 2B2 D D	
Pay to the order of YOUR BANK NAME MEMOTransit # Bank Account # *XXX" : XXXX"XXX:	_\$ /100 dollars
+ + +	
Image: Line of the banking information from your cheque, using the above example as	a guide
Banking Institution:	
Branch Address:	
I authorize the University of British Columbia to deposit my pay as noted above	
Signature Date	

Privacy Notification: Your personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used for employment purposes only. Questions about the collection of this information may be directed to website@finance.ubc.ca