

# DIRECT DEPOSIT ENROLMENT FORM

## Employee/Appointment Information:

Name:

Employee No.:

Department:

### Employee Type

Full-time

Part-time

Maintenance

## Account to be Credited (only choose one):

Chequing – attach void cheque to this form

Savings – financial institution to complete below

## Appointee Authorization

By signing below I hereby authorize and request Brock University to make payroll direct deposits to my account as indicated above. I understand that this authorization is to remain in effect for future earnings unless my bank account information is changed by me in writing.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## This section to be completed by Financial Institution if crediting a Savings Account:

Financial Institution name and address	Direct deposit routing number  Inst number:  Bank number:  Account number:	Account name
--	--	--------------

\_\_\_\_\_  
*Signature of Financial Institution Office*

\_\_\_\_\_  
*Date*

*The above information must be completed by a financial institution only if the account is a **savings** account.  
Attach a voided cheque for a chequing account.*