DIRECT DEPOSIT PAYROLL APPLICATION

Employee ID: _____ Department #: _____

Please complete choice A or B before returning it to your Supervisor or the Employee Service Centre.

I, _____ , provide the following information for the Direct Deposit Program
Employee Name (please print)

Check A or B

A. ☐ I have attached a cheque marked VOID.

B. ☐ The Account Section has been completed by my Financial Institution.

I authorize The City of Edmonton to deposit my net pay to the account indicated below which is held in my name.

_____ _____
Employee Signature Date

ACCOUNT SECTION (To be completed by Employee's Financial Institution)

				/					

Institution / Branch Number

_____
Account Name

Account Number

_____
Financial Institution Signature

Use Exact Account # Only
DO NOT ZERO FILL

Name of Financial Institution

_____ _____
Date

Staple void cheque in this area.