



BANK DEPOSIT AUTHORIZATION

Please submit this completed form to Human Resources, GSC

Name (please print): _____ Date: _____

Department: _____

Social Insurance Number: _____ Expiry Date (if applicable): _____

Employee ID (if known): _____ Student ID: _____

Phone number or email address: _____

Please check one: Faculty Temporary Contract Graduate Student
 Staff Casual Staff Undergraduate Student

NOTE: Deposits are processed through electronic funds transfer. It is essential that we have your exact account number so that we can identify your bank's branch number. Forms which are received late, or with incomplete/inaccurate information, will result in delay in payment.

PLEASE ATTACH ONE CHEQUE MARKED "VOID" TO ENSURE ALL THE CORRECT INFORMATION IS PRESENT.

Please check here if this is a change to current information _____ Effective date of change _____

Bank: _____

Branch (street address): _____

City: _____ Prov.: _____ Postal Code: _____

Branch/Transit Number: _____

Account Number: _____

I hereby authorize the University of Waterloo to deposit my net pay and any reimbursements to the above bank account.

Signature: _____ Date: _____

CONFIRMATION OF HEALTH COVERAGE

I confirm that I have valid basic provincial health insurance or UHIP coverage.

Signature: _____ Date: _____