



Office of Finance and Administration
 5163 Duke Street
 Halifax, NS, Canada B3J 3J6

EMPLOYEE DIRECT DEPOSIT CHANGE FORM

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

CHANGE EFFECTIVE DATE: _____

CURRENT BANKING INFORMATION (Required)

Name of Bank: _____

Branch and Address: _____

Institution #: _____ Transit #: _____ Account #: _____

NEW BANKING INFORMATION (Required)

Name of Bank: _____

Branch and Address: _____

Type of Account (please select one): Chequing: Savings:

PLEASE ATTACH A VOIDED CHEQUE or PAYROLL DIRECT DEPOSIT FORM
 FROM YOUR BANK. (Only original hard copy of voided cheque or direct deposit
 form from the bank will be accepted and processed)

 Signature Date

**NOTE: This form must be received by the Payroll Office by the 5th of each month for the
 15th payroll and the 20th of each month for the 30th payroll.**

FOR OFFICE USE ONLY		Payroll Initials
Date Received		
Date of Employee Contact		
Date Changes implemented		

Forms can be mailed or dropped off to the Payroll Office:
 4th Floor, 5163 Duke St, Halifax, NS B3J 3J6
 Tel #: (902) 494-8116