

PAYROLL DIRECT DEPOSIT AUTHORIZATION

General Inquiries: 1 877 277-0772

This form must be completed by provincial government employees in order to initiate or change direct pay deposits.

The employee must:

- Complete and sign this form;
- Attach a copy of a personal encoded deposit slip or voided cheque for a chequing account **or** take the form to your bank, trust company or credit union for verification if a **savings account**;
- Employees served by TELUS Employer Solutions (TES) – Fax completed form to 250 652-2155;
- Non-Shared Services clients – Fax completed form to your individual Pay Office;
- You **MUST** submit this form to TES or your Pay Office **BEFORE** changing or closing your bank account (Changing or closing your bank account before notifying TES or your Pay Office could result in payment **not** being made to your account);
- **Please type or print clearly.**

Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the BC Public Service Agency under s. 26(c) of FOIPPA for the purposes of facilitating the processing of payroll services. If you have any questions regarding the collection of your information please submit a request to AskMyHR at www.gov.bc.ca/myhr/contact (by selecting My Team / Organization > Employee & Labour Relations > Other Issues & Inquires) or call 1-877-277-0772.

EMPLOYEE LAST NAME	FIRST NAME	EMPLOYEE ID.	DEPARTMENT ID.
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I hereby authorize and request my employer to make payroll direct deposits to the account as indicated below

() IF APPLICABLE

BANKING INFORMATION

NEW CHEQUING
CHANGE SAVINGS

INSTITUTION NO. TRANSIT NO. BANK ACCOUNT NO. – *Left justified*
– *Must be 5 digits*

EFFECTIVE DATE
YYYY / MM / DD

EMPLOYEE SIGNATURE

DATE SIGNED
YYYY / MM / DD

X

BANK OR FINANCIAL INSTITUTION VERIFICATION

Not required if copy encoded cheque or deposit slip attached.

Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature

DATE SIGNED
YYYY / MM / DD

BANK OR FINANCIAL INSTITUTION ADDRESS

X

PAY OFFICE USE ONLY

ENTERED BY:

YYYY / MM / DD

CERTIFIED CORRECT BY:

YYYY / MM / DD