

## 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 British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/ Organization > Employee & Labour Relations > Other Issues & Inquires, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2

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. – <i>Must be 5 digits</i>	BANK ACCOUNT NO. – <i>Left justified</i>
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EFFECTIVE DATE  
YYYY / MM / DD

EMPLOYEE SIGNATURE  <b>X</b>	DATE SIGNED YYYY / MM / DD
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<p><b>BANK OR FINANCIAL INSTITUTION VERIFICATION</b></p> <p>Not required if copy encoded cheque or deposit slip attached.</p> <p>Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature</p> <p style="text-align: right;">DATE SIGNED YYYY / MM / DD</p> <p><b>X</b></p>	<p><b>BANK OR FINANCIAL INSTITUTION ADDRESS</b></p>
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<b>PAY OFFICE USE ONLY</b>			
ENTERED BY:	YYYY / MM / DD	CERTIFIED CORRECT BY:	YYYY / MM / DD