Newfoundland & Labrador English School District

TEACHER/STUDENT ASSISTANT PAYROLL
DIRECT DEPOSIT APPLICATION

First Name: _____ Last Name: _____

SIN: _____ *(mandatory)* Employee ID: _____

I hereby authorize the Newfoundland and Labrador English School District, through Royal Bank of Canada, to make deposits to my bank account. I will advise you of any change in this regard, and the authorization is to remain in effect until cancelled in writing.

_____ _____

Signature *Date*

NOTE: Please attach a void cheque or have a bank official complete and sign the section below. Please note that direct deposit is required for all employees.

Bank or Financial Institution:	
Branch Address:	

Transit #						**ID#**				**Account #**									

**** Please have signature or stamp of Bank Official only if void cheque is not provided.**

_____ _____

Bank Official Signature *Date*

IMPORTANT – It is the responsibility of the employee to advise the employer of any change of banking information.

PLEASE NOTE: If you are in receipt of a pension from the Public Service Pension Plan (PSPP), Teachers Pension Plan (TPP), Members of the House of Assembly Pension Plan (MHAPP) or the Provincial Court Judges Pension Plan (PCJPP), or if you are currently receiving payment from the Civil Service payroll, by changing your banking information, **all deposits will be made to the new account based on your revised information.**