



Direct Deposit Authorization And Email Earnings Statement Form

Employee Name: _____

Employee Group: _____ **Employee Number:** _____

Teacher, Teacher on Call, Principals/Vice Principals, Exempt, ASA, Cupe 382, Cupe 947

Email Address: _____

Complete to have your earnings statement forwarded to you by email.

All employees of the Greater Victoria School District are paid by direct deposit to their Financial Institution and may have their earnings statements forwarded to them by email.

The banking information collected on this form is required and will be used solely for the purpose of effecting direct deposit of earnings to the Financial Institution of your choice. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

Please complete and return to the Payroll & Benefits office at least one week prior to pay day.

Banking Information - Please attach a void cheque **OR** the following information must be completed and verified by your Financial Institution.

Type of Account: Check One
Chequing _____ **Savings** _____

Bank Domicile Stamp

Bank Name: _____

Bank Number: (3 digits) _____

Transit Number: (5 digits) _____

Account Number: _____

I give authorization to deposit my net pay to the account and financial institution noted above. I understand that it is my responsibility to notify the Payroll & Benefits office if I change my banking information or email address.

Should the information on this form be incorrect, the Financial Institution will reject the transfer and notification will be sent to us 2 or 3 business days after pay day. We will do everything possible to ensure a manual cheque is prepared for you in a timely manner.

Signature: _____ **Date:** _____