## **PLEASE PRINT**

Signature

## THE UNIVERSITY OF BRITISH COLUMBIA

OBC	PAYROLL DIRECT DEPOS	SIT	
	Name (Surname, followed by Given Name & Initial)		
PLEASE	Social Insurance Number Employee ID	email address	
PRINT	Faculty/Department	Phone	□ Work □ Home □ Cell
I authoriz	e the University of British Columbia	to deposit my pay as noted below:	
	ution (must be a Canadian institution):	Account Type:  Chequing (cheque must be attached)	
Address:		Savings (see below for instructions)	
		Other (see below for instructions)	
                 	CHEQUING ACCOUNTS PLEASE		
	For NON-CH	EQUING accounts:	
Please have the adjacent	e your banking institution fill in this area or have the tbox	em stamp Bank Stamp:	
Bank: L			
Transit#:		1 1	

Date signed (yyyy/mm/dd)