



## Direct Deposit Application

### Instructions

1. Complete the Form and attach a VOID cheque.
2. Sign the Form where indicated.
3. Advise Accounting staff promptly of any changes to your account information.

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### Staff Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

I hereby authorize Mission Community Skill Centre Society to process electronic credit or debit entries in accordance to my earnings and benefits.

x \_\_\_\_\_  
Signature Date

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### Banking Information:

Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

\_\_\_\_\_  
Branch Institution Account Number

☐ Void Cheque attached to Direct Deposit Application (Required)

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### Decline Direct Payroll Deposit

☐ I do not wish to participate in the direct deposit payment method. Please issue me a cheque.

x \_\_\_\_\_  
Signature