



mission
communityskillscentre

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.

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

Banking Information:

Financial Institution: _____

Branch Address: _____

Account Name: _____

Branch

Institution

Account Number

☐

Void Cheque attached to Direct Deposit Application (Required)

Decline Direct Payroll Deposit

☐

I DO NOT wish to participate in the direct deposit payment method. Please issue me a cheque.

x _____
Signature