

UNIVERSITY OF TORONTO Mississauga – PAYROLL BANK DEPOSIT AUTHORIZATION FORM

1. To ensure accuracy of your account number, please enclose a cheque marked “VOID” or a personalized deposit slip.
2. Please be sure to include all “0” and “—” when recording your account number.
3. Effective Date: Indicate when the deposit is to be effective (This is subject to Payroll Deadlines).

SURNAME	GIVEN NAME(S)	SOCIAL INSURANCE NO.			PERSONNEL NO.
BANK ACCOUNT NO.	BANK TRANSIT NO.	NAME OF BANK OR FINANCIAL INSTITUTION		EFFECTIVE DATE	
				DAY	MTH YEAR
MAIN INTERSECTION OF BANK (or Plaza)	BANK ADDRESS (Street No. & Name, City, Province) Canadian Branches only			POSTAL CODE	BANK TELEPHONE NO.

I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial institution designated
I hereby authorize the bank or financial institution designated to release my bank account number to the University of Toronto Payroll Department.

SIGNATURE	UNIVERSITY PHONE	DATE SIGNED			FACULTY	DEPARTMENT
		DAY	MTH	YEAR		