



DIRECT DEPOSIT AUTHORIZATION

Please complete ALL the information below.

Employee Name: _____

Address: _____

Social Insurance #: _____

Please attach a sample personalized deposit slip or a cheque marked "void" or fill out the information below:

Name of Bank or Financial Institution: _____

Bank#: _____ **Transit #:** _____

Account #: _____

Woodview Mental Health and Autism Services is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____