



DIRECT DEPOSIT SERVICE

EMPLOYEE NAME: _____

BANK: _____

BRANCH ADDRESS: _____

To ensure the proper bank branch encodement, please attach a sample cheque or “counter” cheque marked “void”. Handwritten information will not be accepted unless it is validated and counter-stamped by your branch.

I authorize the IWK Health Centre to credit payment due to my account with the bank designated above. I will advise the Health Centre of any changes in my bank account location and/or number.

SIGNATURE: _____ DATE: _____

Place in envelope and return promptly to Human Resources. Be sure to enclose a voided personal cheque or counter cheque.