Direct Deposit Authorization Form

ALBERTA TechCo

Please complete and submit this form to your employer to have your pay cheque automatically deposited into your bank account.

Please Print Clearly

Employee Personal Information

Given Name | In | Surname
| | | |

Street Address | Apt #
| | |

City | Prov | Postal Code
| | | |

Home Phone | Cell Phone
| | |

Email Address

Social Insurance Number

Employee Bank Account Information

Institution Name | Institution Number
| | |

Transit Number | Account Number
| | |

AUTHORIZED BY:

_____

Signature

DATE:

D	D	M	M	Y	Y	Y	Y