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