

Name:		Date:	
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Direct Deposit form

Theme: **Banking and Finances**

Instructions:

Veronica is an employee of Central Packaging Inc. Her name and personal information is shown below. She wants to have her pay cheques deposited directly into her bank account. Her void cheque is also shown below. **Fill in the form on the next page for Veronica.**

- Remember**
- Write neatly, so others can read your writing
 - Fill in all the boxes, including those that don't apply to Veronica
 - Check your work before you hand it in - only your first document will be accepted

VERONICA G. KUSHNIR 1102-857 Forty-Third Ave. S. Toronto, ON L4G 2M9 906-445-1943		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y M M D D	
PAY TO THE ORDER OF _____		\$ <input type="text"/> /100 DOLLARS	
 Canadian Imperial Bank of Commerce			
MEMO _____		..001.. ..77812..508.. ..226..197..4..	

↑ (Cheque Number) ↑ (Transit Number) ↑ (Institution Number) ↑ (Account Number)

Name	Veronica G. Kushnir
Address	1102-857 Forty-Third Ave. S., Toronto ON L4G 2M9
Home Phone	906-445-1943
Cell phone	906-449-9002
SIN	356 114 695
Email	kushnir.vg100@gmail.com

Direct Deposit Authorization Form

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

Employee Personal Information

Surname	Initial(s)	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	Apt #
<input type="text"/>	<input type="text"/>

City / Town	Prov	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>

Email Address	Social Insurance Number
<input type="text"/>	<input type="text"/>

Employee Bank Account Information

Institution Name	Institution Number
<input type="text"/>	<input type="text"/>

Transit Number	Account Number
<input type="text"/>	<input type="text"/>

Authorized by:	Date:
<input type="text"/>	<input type="text"/>

Signature