

DIRECT DEPOSIT AUTHORIZATION

Please complete the following and return to the Border Land School Division office.

Payee Identification
Name: _____
Address: _____
S.I.N.: _____
Employee Number: _____
Banking Data
Financial Institution Branch Name: _____
Branch Address: _____
Account Information:
Route: _____ Transit: _____ Account Number: _____
- For any account other than the personal chequing account, have the Financial Institution verify your account number.
- Please attach a copy of a void personal cheque.
I authorize Border Land School Division to deposit my pay cheque directly to the account specified in the banking data section.
Signature: _____ Date: _____

