East Central Alberta Catholic Separate School Division

1018-1 Avenue Wainwright, AB T9W 1G9

Authorization for Direct Deposit of Payroll Funds Sheet

Date: _____

I hereby authorize Direct Deposit of my payroll funds to the account specified below:

Financial Institution: _____

Address: _____

_____

_____

Bank No.: _____

Branch No.: _____

Account No.: _____

Type of Account:

Savings ☐

Chequing ☐

Employee Name: _____

Signature: _____

**** Please attach a personalized deposit slip or voided cheque below. ****