



**PAYROLL DIRECT DEPOSIT FORM**

I, \_\_\_\_\_ hereby authorize the \_\_\_\_\_  
 to deposit my payroll payments to the account indicated below until notice in writing is given by  
 me to either cancel or change the account number.

PERSONNEL INFORMATION					
Employee Number:		Department:		Division:	
Employee Name:		Effective Pay Date:			(dd/mm/yyyy)
FINANCIAL INSTITUTION INFORMATION					
Name of Financial Institution:	TME Savings A division of Alterna Savings & Credit Union Limited				
Address of Branch:					
Branch Transit Number:		Bank Number:	828	Account Number:	
I confirm that the account indicated is in my name and no other person other than a person authorized by me has access to the account, and the information provided herein is accurate.					
Signature of Applicant			Date (dd/mm/yyyy)		
MISCELLANEOUS INFORMATION					
This revokes any previous authorization signed by me					