



SD #22 Aboriginal Education Program

ADMINISTRATION OFFICE
1401 – 15th Street, Vernon, BC V1T 8S8
Ph: 549-9291 Fax: 250-539-9292



CONTRACT EMPLOYEE – PAYROLL INFORMATION SHEET

EMPLOYEE INFORMATION

Full Name: _____

Address: _____

 _____ Postal Code _____

Phone Number: _____

Date of Birth: Year _____ Month _____ Day _____

Social Insurance Number _____

CONTRACT EMPLOYEE'S BANK INFORMATION ~ Bank Deposit by Electronic Transfer

I, _____, hereby authorize SCHOOL DISTRICT #22 (VERNON) to deposit all payments (accounts payable and payroll) to my account with the financial institution designated below, until otherwise cancelled by me in writing.

Bank Name _____

Branch Address _____

City. Province _____

Electronic Transfer into CHEQUING (attach a personal voided cheque)

or SAVING ACCOUNTS (complete information below)

FOR ELECTRONIC DEPOSITS INTO YOUR SAVINGS ACCOUNT COMPLETE THE SECTION BELOW ▼

The information below **MUST** be completed by your bank. Incorrect information will delayed deposits.

Bank Transit # Bank # Account # Bank Confirmation

_____ (Date) _____ (Employee Signature)