



Direct Deposit Banking Information

The Durham District School Board pays its employees by means of direct deposit electronic transfer system. In order to facilitate this method of payment, I hereby authorize the DDSB to transfer my salary payment to the banking institution specified below for deposit directly into my account.

This authorization will remain in effect until amended or cancelled by me in writing. Changes to your banking information must be made 15 days prior to pay date.

Employee ID: _____

Full Name: _____ S.I.N. _____

BANKING INFORMATION

YOU MUST PROVIDE

- VOID CHEQUE, OR
- A COMPLETED FORM FROM YOUR FINANCIAL INSTITUTION.

Name of Bank _____

Address or Branch _____

I understand that the Board's obligation to employees has been satisfied when its payroll is deposited with the banking institution which is responsible for the administration of the direct deposit system. The Board will not assume liability if the banking institution which I have chosen fails to process the deposit to my account on the required pay date.

Date

Signature
