



Direct Deposit Authorization

Name: _____ Social Insurance #: _____
Address: _____ Apartment Number: _____
City: _____ Province: _____ Postal Code: _____
Home Telephone Number: _____

Bank (Financial Institution): _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____
Select One:
 Chequing Account Number: _____
Attach a voided **blank cheque** to validate account information, and ensure your direct deposit is processed properly.
or
 Savings Account Number: _____ Branch (transit) # _____

NOTE: Funds can only be deposited into one account, chequing or savings. Deposits cannot be divided between the two.

I hereby authorize Express Employment Professionals to deposit funds into the account indicated above. I also authorize Express Employment Professionals, if necessary, to withdraw funds from the account above to correct any errors.

This authority is to remain in full force and effective until Express Employment Professionals receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for Express Employment Professionals and the financial institution to act.

I accept responsibility for notifying Express Employment Professionals of any change to my account's status. I also understand that changes may take up to three (3) weeks and that regular (paper) cheques will be distributed during this period.

Associate Signature

Date