

Direct Deposit Authorization Form

PAY-FRM-031



Print Form

Form Purpose

Please use this form to **ADD** or **UPDATE** your employee banking information

Employee Information

Employee ID: Department:

First Name: Middle Initial: Last Name:

Queen's Email: Phone #:

S.I.N.: SIN Expiry Date (if applicable):
YYYY/MM/DD

Banking Information

Please find attached (stapled):

- a VOID cheque
- a Direct Deposit Authorization form issued by my Financial Institution

Authorization

I authorize Queen's University to deposit my salary payments into the Bank Account as per attached

Effective Date: Signature: _____
YYYY/MM/DD

Submission Methods

Campus Mail
Payroll Services
3rd Floor

Email
payroll.services@queensu.ca

Fax
(613) 533-3323

Print and Mail or Hand Deliver
Queen's University, Payroll Services
3rd Floor
355 King St. West
Kingston ON K7L3N6

Notice of Collection

When complete, this form will contain Personal & Confidential information. This information is being collected under the authority of the Queen's Royal Charter of 1841, as amended. This information will be used to generate Electronic Funds Transfer (EFT) payments by the University.