



Payroll Change of Bank Information

Employee Number: <u>A</u> _____	Effective Date: ____/____/_____ (DD/MM/YY)
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Demographics: (please print)		
SIN:	Prefix: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Prof <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr	Preferred Name:
First Name:	Last Name:	Middle Initial:

Attach VOID or Temporary cheque
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Employee Signature: _____ Date: _____

OFFICE USE ONLY
Date:
Initial:
GXADIRD <input type="checkbox"/>