

AUTHORIZATION FOR DIRECT BANK DEPOSIT

(Payroll **AND** Reimbursement Claim Payments)

This form must be completed by a bank teller OR a void cheque must be attached.

THIS IS A REQUIREMENT OF EMPLOYMENT

****PLEASE PRINT CLEARLY****

BANK NAME: _____

INSTITUTION #: _____

TRANSIT #: _____

ACCOUNT #: _____

BANK ADDRESS _____

CITY/TOWN: _____

POSTAL CODE: _____

NAME: _____
LAST NAME FIRST NAME

**EMPLOYEE or
STUDENT ID#:** _____

HOME ADDRESS: _____

DEPARTMENT: _____

I hereby authorize the University of Regina to deposit my regular pay and my expense reimbursement money to the banking information above.

DATE: _____ **SIGNATURE:** _____

Please notify HR Support at hr.support@uregina.ca if you have any concerns.

RETURN COMPLETED FORM TO HUMAN RESOURCES: hr.support@uregina.ca or AD HUM RM 435

NOTE: If you wish to have your reimbursement claims deposited to a different account than your pay, complete the form with alternate banking information and send to Financial Services, AdHum Building, Room 205.1.