

Policy & Procedure Manual

DIRECT DEPOSIT INFORMATION SHEET – FD-VII-6

POLICY

A Direct Deposit Information Sheet will be completed in order to start, add/change direct deposit information and to add/change an email address to receive Direct Deposit Statements and T4's.

PURPOSE

To ensure employee banking and email information is not added or changed without the proper authorizations.

PROCEDURE

1. The completed Direct Deposit Information Sheet must be completed for all employees.
2. If a VOID cheque is available, it will be attached to the form and the information required recorded from the cheque. Otherwise a bank provided account information sheet should be attached.
3. An email address must be provided to receive Direct Deposit Statements and T4's based on the password provided on the form.
4. All sheets must be signed and dated by the employee.

RECOMMENDED BY: Director, Finance and Administration

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Community Services Administration, Community Services (all)

ORIGINAL POLICY DATE: February 1995

AUTHORIZED BY: Executive Director

SIGNATURE:



OPTIONS northwest
95 Cumberland Street North
Thunder Bay, ON P7A 4M1
Tel: (807) 344-4994 Fax: (807)343-5811

DIRECT DEPOSIT INFORMATION



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Section 1 - Check List

POLICY FD-VII-6
APPENDIX A

Check one only

To Start Direct Deposit To Change Direct Deposit Information To Change Email Address

Section 2 - Employee Information

PLEASE PRINT

Last Name	First Name	Employee ID
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Address

Building Number	Street Name	Suite/Apartment Number	
Lot/Concession/Rural Route	City/Town	Province	Postal Code

Section 3 - Complete A or B

- A** Please attach a blank cheque with your bank information. Write "VOID" across the front.
- B** Please attach a direct deposit form from your bank with your banking information.

Section 4 - Direct Deposit Statement and T4 Email (if applicable)

Email Address: _____

To ensure a strong password, we require a minimum of eight (8) characters that include at least one lowercase letter, one uppercase letter, one number and one special character. Please adhere to these guidelines when determining your password.

Direct Deposit Statement Password: _____

Section 5 - Certification

I authorize OPTIONS northwest Personal Support Services to directly deposit my payments to my bank account indicated in section 3. I also acknowledge that Direct Deposit Statements and T4s (if applicable) will be password protected and emailed as outlined in section 4.

Authorized Signature

Date