BRITISH COLUMBIA

PAYROLL DIRECT DEPOSIT AUTHORIZATION

General Inquiries: 1 877 277-0772

This form must be completed by provincial government employees in order to initiate or change direct pay deposits.

The employee must:

- Complete and sign this form;
- Attach a copy of a personal encoded deposit slip or voided cheque for a chequing account **or** take the form to your bank, trust company or credit union for verification if a **savings account**;
- Employees served by Telus Sourcing Solutions-BC (TSS-BC) – Fax completed form to 250 652-2155;
- Non-Shared Services clients – Fax completed form to your individual Pay Office;
- You **MUST** submit this form to TSS-BC or your Pay Office **BEFORE** changing or closing your bank account (Changing or closing your bank account before notifying TSS-BC or your Pay Office could result in payment **not** being made to your account);
- **Please type or print clearly.**

Freedom of Information and Protection of Privacy Act
The personal information requested on this form is collected for the purpose of processing your Payroll Direct Deposit Authorization. Questions about the collection or use of this information can be directed to the FOI Designate at (250) 544-5400 Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichon BC V8M 2A5.

EMPLOYEE LAST NAME	FIRST NAME	EMPLOYEE ID.	DEPARTMENT ID.
			–

I hereby authorize and request my employer to make payroll direct deposits to my account as indicated below

(✔) IF APPLICABLE

☐ NEW ☐ CHEQUING

☐ CHANGE ☐ SAVINGS

BANKING INFORMATION

INSTITUTION NO.	TRANSIT NO. *– Must be 5 digits*	BANK ACCOUNT NO. *– Left justified*	EFFECTIVE DATE YYYY / MM / DD
0			

EMPLOYEE SIGNATURE

X

DATE SIGNED YYYY / MM / DD

BANK OR FINANCIAL INSTITUTION VERIFICATION

Not required if copy encoded cheque or deposit slip attached.

Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature

X

DATE SIGNED YYYY / MM / DD

BANK OR FINANCIAL INSTITUTION ADDRESS

PAY OFFICE USE ONLY

ENTERED BY:	YYYY / MM / DD	CERTIFIED CORRECT BY:	YYYY / MM / DD

BCPSA 96 Rev. 2006 / 5 / 16

Clear Form