

New Change Health Authority: PHC VCH PHSA

Name: _____

Employee ID # _____ Department: _____ Phone: _____

Address: _____

General Instructions:

- For verification purposes, please enclose a personal cheque marked “VOID” or a photocopy of the first page of your pass book indicating the branch and account number. Failure to indicate this information will delay your inclusion in direct payroll deposit.
- Please note that your financial institute may require written authorization from you to have money deposited into your account. Please check with your financial institution to see if this is required.
- I understand that seven (7) business days notice is required to commence, change or discontinue such deposit arrangements.

Direct Deposit Routing Information

*Please return the completed form along with a VOID cheque or deposit slip for each direct deposit request to:
HSSBC Payroll Services, 1795 Willingdon Ave, Burnaby, BC V5C 6E3*

1st Account

Branch Number	Institute Number	Account Number	Account Type	Balance

Financial Institute Name	Telephone Number

Address of Financial Institute	City	Province	Postal Code

2nd Account (Optional)

Branch Number	Institute Number	Account Number	Account Type	Amount or % of Dep

Financial Institute Name	Telephone Number

Address of Financial Institute	City	Province	Postal Code

I hereby authorize HSSBC Payroll to deposit my pay directly to the account(s) stated above.

 Signature

 Date