



DIRECT DEPOSIT OF PAY INSTRUCTIONS

****Incomplete forms will not be processed****

PLEASE PRINT CLEARLY

NAME: _____

DALHOUSIE ID#: _____

DEPARTMENT: _____

Name of Bank: _____

Branch Address: _____

Type of Account: Chequing: _____ Savings: _____

Required:

Please attach a **payroll direct deposit form** available from your bank or a **VOID cheque**.

This should include the bank number, bank transit number and your complete bank account number.

Signature

Today's Date