a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Payment & Procurement Services
5th Floor - TEF3
6190 Agronomy Road,
Vancouver BC V6T 1Z3

Phone 604 822 2686
Fax 604 822 3261

Payroll Direct Deposit Form

*** All fields on this form are mandatory ***

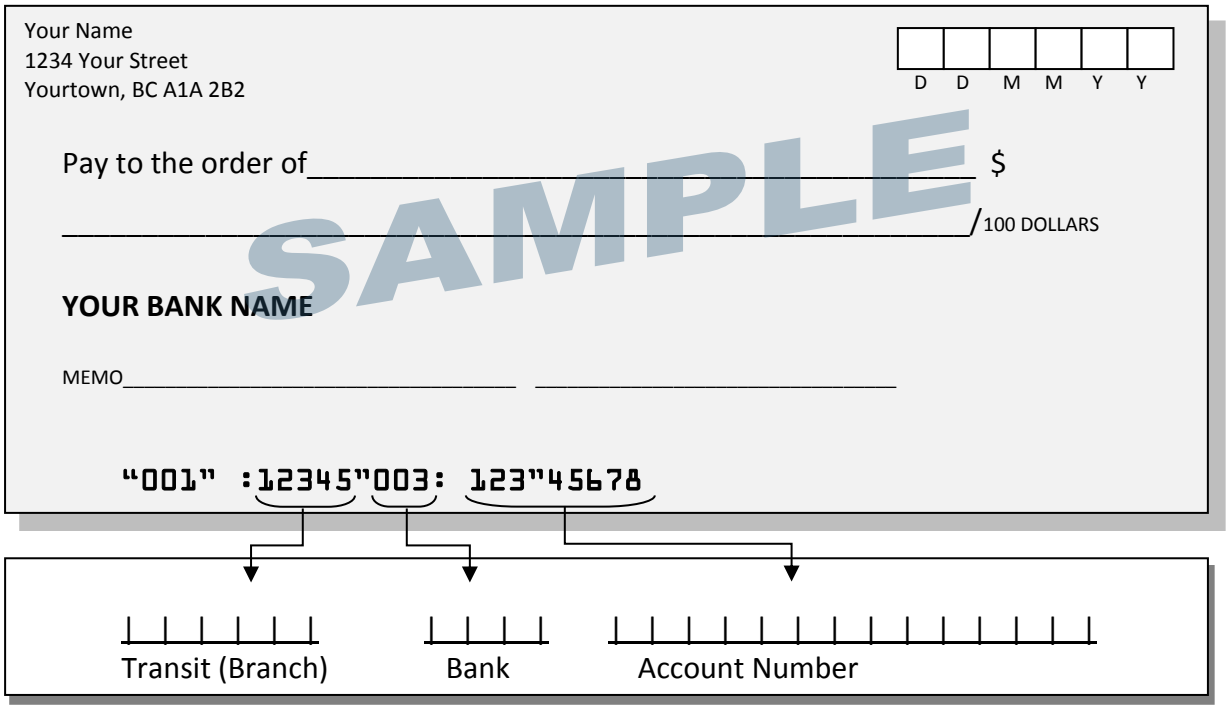
Account holder name (Last, First): _____ Employee Number or SIN: _____

Faculty/Department: _____ email address: _____ Phone: _____

Account Information: Please enter your bank account information below

- If you have a non-chequing account, please obtain the transit, branch, and account numbers from your bank
  Note: submitting incorrect information could result in your payment going astray.
- If you have a chequing account, you can obtain the numbers from a cheque (see below), or attach the cheque overtop of the sample

☐ Chequing ☐ Savings



Banking Institution: _____

Branch Address: _____

I authorize the University of British Columbia to deposit my pay as noted above

_____ _____

Signature Date