



FACULTY/STAFF/STUDENT NON-PAYROLL (A/P) DIRECT DEPOSIT AGREEMENT

PAYEE INFORMATION

Name: _____
First Middle Last OCAD ID Number

Address: _____
Street Address Apartment/Unit/Suite #

_____ *City Province Postal Code*

Telephone: _____ OCAD U E-mail: _____

ACCOUNT INFORMATION

Please attach a void cheque* with the following information:

Name of Financial Institution: _____

Account Type: Chequing Saving Other Specify Type of Account: _____

Account Number: _____ Transit Number: _____ Bank Institution Number: _____

*If a void cheque is not available, please provide a **direct deposit form** from your financial institution.

AUTHORIZATION AGREEMENT

I hereby authorize OCAD University to initiate automatic deposits into my account at the financial institution below.

Further, I agree not to hold OCAD University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution when depositing my funds to my account.

This agreement will remain in effect until OCAD University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

I understand that my banking information is not shared between HRIS/Payroll and Finance. As such, all updates required must be submitted to both departments.

Signature

Date