

Direct Deposit Form - Employee

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Use this form to

Start direct deposit

Change information previously submitted

Contact Information (required)

Your statement of account from your bank will show payments from Southern Health-Santé Sud. Please provide your e-mail address and a confirmation notification will be sent when a deposit is paid to your account.

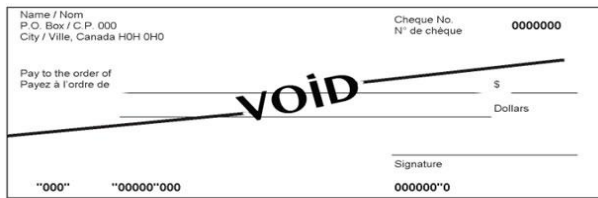
E-Mail address for confirmation of deposit: _____

Bank Account Information for Deposits



Please attach a blank cheque with your bank information on it. Write **void** across the front.

Type of account: Chequing Savings



Transit No. _____ Financial Institution _____ Account No. _____

For accounts without cheques, complete the following:

Type of account: Chequing Savings

Name of Bank or other financial institution: _____

Branch Address: _____

Transit No.: _____

Institution No.: _____

Account No.: _____

Authorization

I hereby authorize Southern Health-Santé Sud to deposit entries to the account indicated above, by electronic funds transfer.

Signature of account holder: _____

Print name: _____

Employee number: _____ Date: _____

Fax, e-mail or mail completed form and voided cheque to:

Southern Health-Santé Sud
 Accounts Payable
 180 Centenaire Drive
 Southport, MB R0H 1N1
 Email: AccountsPayable@southernhealth.ca
 Fax: 1-204-428-2779

Questions? Call (204) 428-2763 or e-mail AccountsPayable@southernhealth.ca