



Wild Rose Public Schools
Direct Deposit Account Notification

Employee Name: _____

School/Location: _____

___ ATA ___ CAAMSE ___ IUOE ___ Other: _____

You are hereby authorized to deposit my net pay directly to the bank account as identified below:

Employee signature

COMPLETE EITHER PART 1 OR PART 2

PART 1 Staple pre-printed blank deposit slip or voided personalized cheque here (*PREFERRED*)

OR

PART 2 Have your bank complete the following:

Bank Name: _____

Bank Address: _____

Bank No.: _____

Bank Transit No.: _____

Account No.: _____

Printed Name of Bank Employee: _____

Signature of Bank Employee: _____

**** RETURN IMMEDIATELY TO THE ATTENTION OF PAYROLL DEPARTMENT ****

PAYROLL DEPARTMENT USE ONLY

Employee # _____ Date Entered _____