

Direct Deposit Registration/Change



Your pay will be deposited directly into an account of the financial institution of your choice.
Complete this form and return it to:

Payroll Department, Livingstone Range School Division
P.O. Box 69
Claresholm, AB T0L 0T0

Fax: (403)625-2424
Phone: (403)625-3356

A - EMPLOYEE INFORMATION - Please Print

Given name and initial	Surname	E-mail address
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B - DIRECT DEPOSIT ROUTING NUMBER

Attach to this form a voided personalized cheque or deposit slip which is imprinted with your name and the account routing number (5-digit branch number, 3-digit institution number, and your account number)

OR

Have the following information complete by your financial institution:

Branch Number: (5-digit)	Institution Number (3 - digit)	Account Number
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Financial Institution Name:	Signature of Financial Institution Officer:
Address: _____ _____	_____
Postal Code: _____	Date _____
Telephone Number: () _____	

C - APPLICANT'S DECLARATION

I, as a person entitled to receive pay from the Livingstone Range School Division, hereby acknowledge that the Livingstone Range School Division will deposit, until further notice, my pay into my account, as noted herein, by means of direct deposit

Signature Date