

EMPLOYEE DIRECT ELECTRONIC FUNDS TRANSFER

Application for School District No. 64 (Gulf Islands)

Mr. Mrs. Ms. Miss Mx

Employee Name *(Please print)*

Former Name *(Maiden)*

Mailing address

Email address

Telephone number

Alternate telephone number

Marital status

Your pay will be directly deposited to your bank as indicated on the VOID cheque below.

Effective date *(day, month, year)*

Signature

A VOID CHEQUE MUST BE ATTACHED. Handwritten information will not be accepted.

