



PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

PERSONAL INFORMATION

PREFIX	FIRST NAME, MIDDLE NAME	SURNAME	TITLE/POSITION
_____		_____	_____
- - - - -		/ /	_____
SOCIAL INSURANCE NUMBER		DATE OF BIRTH (YYYY/MM/DD)	

CONTACT INFORMATION

() -	() -	() -
HOME PHONE	WORK PHONE	CELL PHONE

ADDRESS 1 ADDRESS 2

NOTE: If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.

<input type="checkbox"/> This is my default address	<input type="checkbox"/> This is my default address				
ADDRESS	ADDRESS				
CITY	CITY				
PROVINCE	POSTAL CODE	COUNTRY			
PROVINCE	POSTAL CODE	COUNTRY			
Please indicate Address Type:		Please indicate Address Type:			
<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Temporary or Placement	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Temporary or Placement

BANKING INFORMATION

Please indicate account type: Chequing Savings

Note: Personal line of credit not accepted

To ensure the accuracy of your account information a VOID CHEQUE (or Bank Verification Form) must be attached.

I consent to have this information used by Human Resources for payroll purposes, if applicable.

REMITTANCE INFORMATION

Please indicate how you would prefer to receive your payment details: **(Please check one)**

E-MAIL ADDRESS: _____

NO REMITTANCE ADVICE NECESSARY

SIGNATURE APPROVAL

SIGNATURE

DATE

Please return completed direct deposit form to: Northern Ontario School of Medicine – Finance Unit
 955 Oliver Road, Balmoral Street Centre, Thunder Bay, ON P7B 5E1
 Fax: (807) 766-7352 Email: accountspayable@nosm.ca

Revised Sept 2011