

## PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

Revised Sept 2011

PERSONAL INFORMATION	
PREFIX FIRST NAME, MIDDLE NAME SURNAME	TITLE/POSITION  /
CONTACT INFORMATION	
()() HOME PHONE WORK PHONE	()
ADDRESS 1	ADDRESS 2
NOTE: If listing two addresses, please identify a default as  This is my default address	all NOSM Communication will be sent to this address.  This is my default address
CITY	CITY
PROVINCE POSTAL CODE COUNTRY	PROVINCE POSTAL CODE COUNTRY
Please indicate Address Type:	Please indicate Address Type:
Home Business Temporary or Placement	Home Business Temporary or Placement
BANKING INFORMATION	
Please indicate account type:  Chequing  Savings  To ensure the accuracy of your account information a VOID CHEQUE  (or Bank Verification Form) must be attached.  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 paymen    E-MAIL ADDRESS:  NO REMITTANCE ADVICE NECESSARY	nt details: (Please check one)
SIGNATURE APPROVAL	
OIGHAT ONE AT THOUSE	
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	

Protection of Personal Information: The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected is used by the School for the purposes of executing various functions and activities related to Administration processes. Users of this information are the Finance Unit of the Office of the Associate Dean, Administration. Please direct any questions about this collection to the Director of Finance, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, Telephone: (807) 766-7307.

Email: accountspayable@nosm.ca

Fax: (807) 766-7352