**SALARY DEPOSIT AUTHORISATION**

I hereby authorise my employer to directly deposit my monthly/bi weekly/weekly salary in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%). I have attached proof of listed bank accounts. This authorisation is to remain in force until the company has received written authorisation from me of its termination or change.

Also, I grant the Company the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Address:** |  |
| **Telephone:** |  | **Email** |  |
| **Signature:** |  | **Date:** |  |
| **Company Use Only**:  | **Effective Date:** |
| **Account #1** | Cheque:  | Savings:  |
| **Financial Institution:**  |
| **Address:**  |
| **Telephone:** |  | **Fax** |  |
| **Personal Account Number:**  |
| **Percent of pay to be deposited into this account:**  |  % |
| **Company Use Only**  | **Bank/ABA Number:** |
| **Account #2** | Cheque: | Savings:  |
| **Financial Institution:**  |
| **Address:**  |
| **Telephone:** |  | **Fax** |  |
| **Personal Account Number:**  |  |
| **Percent of pay to be deposited into this account:**  |  % |
|  | **Bank/ABA Number:** |