

NEW: _____

CHANGE: _____

**TOWN OF OAKVILLE
PAYROLL DIRECT DEPOSIT INFORMATION SHEET
FOR PART TIME EMPLOYEES**

CONFIDENTIAL

I, _____, _____,
(Please Print Name) (Employee Number)

hereby request the Town of Oakville, through the Royal Bank of Canada, to make deposits into my account.

Deposit my net pay to _____ in account
Financial Institution
number / / / / / / _____
Bank No. Bank Transit No. Account Number

Banking information: the above information can be obtained by referring to your cheque.

I will advise the Payroll Division, Finance Department, Town of Oakville of any bank account changes 30 days in advance.

Employee's Signature

Date

Attach VOID CHEQUE and/or VOIDED DEPOSIT SLIP here:

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER AUTHORITY OF THE MUNICIPAL ACT, 2001 S.O. 2001 c.25 (AS AMENDED) TO BE USED BY FINANCE STAFF. QUESTIONS ABOUT THIS COLLECTION MAY BE DIRECTED TO THE MANAGER OF PAYROLL AND BENEFITS, TOWN OF OAKVILLE, 1225 TRAFALGAR ROAD, OAKVILLE 845-6601 EXT 3075