



**AUTHORIZATION FOR DIRECT BANK DEPOSIT**  
(Payroll Payments)

**\*\*PLEASE PRINT CLEARLY\*\***

<b>BANK NAME:</b>	
<b>INSTITUTION #:</b>	
<b>TRANSIT #:</b>	
<b>ACCOUNT #:</b>	
<b>BANK ADDRESS:</b>	
<b>CITY/TOWN:</b>	
<b>POSTAL CODE:</b>	
<i>Name:</i>	
<i>Employee ID #:</i>	
<i>Home Address:</i>	

*I hereby authorize URFA to deposit my regular monthly pay to the banking information above.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed form to URFA at [URFA@uregina.ca](mailto:URFA@uregina.ca) or contact us at the same address if you have any concerns.