



DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Fax Completed document to Employee Records & Benefits: (250) 519-3604 Victoria
Or mail to: Employee Records & Benefits, Gorge Rd Hospital, 3rd Floor, Victoria BC, V9A 1L2

SECTION 1 - Check one of the boxes below, fill in your personal information and sign it.

- Initial Enrollment Change of Financial Institution, Branch or Account
- Change deposit split between accounts (no change to account information; complete SECTIONS 1 & 3 only)

Employee Number: _____ S.I.N. # _____ - _____ - _____
(For existing Island Health employees only)

Employee Name: _____
(Please Print)

Work Phone Number: _____ Department: _____
(if applicable)

By signing below, I authorize Island Health to deposit my payments (payroll and expense reimbursement) directly to the account(s) at the Financial Institution(s) designated on this form, and agree to abide by the terms and conditions of Island Health's Confidentiality Agreement, and acknowledge the following, in regard to electronic pay statements:

- I am accountable for my login account.
- I will protect my financial data by not sharing my password.
- I will not leave my computer unattended while I am logged in.
- I have read and understood the '[Tips for Keeping Personal Information Safe](#)' document.

Signature: _____ Date: _____

SECTION 2 ** ATTACH A VOID PERSONALIZED CHEQUE FOR EACH ACCOUNT OR A PRINTOUT FROM YOUR FINANCIAL INSTITUTION SHOWING THE BANK NUMBER, TRANSIT NUMBER AND ACCOUNT INFORMATION. (Hand written financial information will not be accepted).

Primary Account for Deposit: All payroll amounts will be deposited to this account unless a second account is indicated. All Accounts Payable payments (e.g. expense reimbursement) will be deposited to this account.

**ATTACH A VOIDED CHEQUE
OR PRINTOUT
HERE**

***SECTION 3 - 2nd Account for Deposit (optional)**
***Please specify \$ amount or % of pay to be deposited to 2nd account _____ % or \$ _____**

**ATTACH A VOIDED CHEQUE
OR BANK PRINTOUT
HERE**

**Changes to Financial Institutional Information must be RECEIVED by Employee Records & Benefits by the pay period end date (Thursday before pay day) to be effective for that pay period.
For instructions on how to fill out this form click [here](#).**