**PAYROLL DIRECT DEPOSIT AGREEMENT**

Payroll Department

2500 University Drive NW

Calgary, AB, Canada T2N 1N4

*Last Name First Name Employee/Student ID*

Send completed form with attachments to the address noted above:

* Complete either Section 1 OR Section 2 of this form (not both)
* Must be a Canadian Financial Institution in the name of the employee and/or student
* New or updated Direct Deposit Agreements must be received in Payroll at least ten business days prior to the actual pay day
* Incomplete forms will not be processed and will be returned to the requestor
* The ability to enroll or change banking information is available on the portal at *my.ucalgary.ca* in the all about me section/my banking info
* Once your banking information is updated you will receive a confirmation email. If you do not receive a confirmation email within 4 business days please contact the Payroll Department at [payrolluc@ucalgary.ca](mailto:payrolluc@ucalgary.ca) immediately
* Banking information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is collected and maintained by Payroll for payment purposes. If you have any questions about the collection or use of this information, please contact the Integrated Service Centre at 403-220-8800.

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| **Section 1: Enroll in Direct Deposit Payments**  This section is to be completed if you currently do not have banking information on file. | |
| 1. Attach Void Cheque here or 2. Attach account information supplied by your financial institution and 3. Effective Date: \_\_\_\_/\_\_/\_\_ (yyyy/mm/dd) | |
| **Section 2: Change to Existing Banking information**  This section is to be completed if you require changes to the banking information on file. | |
| Existing Account Information   |  |  |  | | --- | --- | --- | |  |  |  |   Bank   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   Transit No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number | New Account Information   1. Attach Void Cheque here or 2. Attach account information supplied by your financial institution and 3. Effective Date: \_\_\_\_/\_\_/\_\_ (yyyy/mm/dd) |

*I hereby authorize the University of Calgary to initiate direct deposits to my account at the financial institution indicated above. Further, I agree not to hold the University of Calgary responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution, or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the University of Calgary receives a written notice of cancellation from me or until I submit a new Direct Deposit Agreement form to Payroll.*

*Employee/Student Signature Contact Phone Number Date*