Kwantlen Student Association

Employee Direct Deposit Authorization Form

Personal Information

Employee Name _____ ID Number_____

Please attach a cheque marked "VOID" and return this form to Accounting Staff of the KSA at Surrey Campus for processing.

For deposit to a savings account, please provide verification of the account and transit number of your branch (ask your bank representative for assistance)

Bank Information

Bank or Financial Institution_____

Bank Address_____

City _____ Postal Code_____

Financial Institution Number 0 __ __ __ Bank Transit Number __ __ __ __ __

Account Number __ __ __ __ __ __ __ __ __ __ __ __ __

I authorize my employer, Kwantlen University College Student Association, to deposit my pay to the above account.

_____ _____

Signature Date