

EARNINGS DEPOSIT INSTRUCTIONS

(Salary payments are processed by direct deposit only)

Please Note: As per Agreement with the Thames Valley District School Board, an employee may change their financial institution by providing Payroll Services with notice in writing at least thirty (30) calendar days in advance of the effective date of change. Please do not close the old account until you have received a deposit into the new account.

Employee ID: T V (Assigned by Human Resources on receipt of all required documentation)		
Employee Group:	School/Dept.:	
Surname:	First Name:	Initial:
☐ I authorize the Thames Valley DSB to deposit my pay cheque to the below bank account.		
Signature:  Date:		

PLEASE NOTE: YOU MUST ATTACH YOUR BANK DIRECT DEPOSIT FORM or VOID CHEQUE

ACCOUNT HOLDER NAME
STREET ADDRESS
CITY, PROVINCE POSTAL CODE

001

DATE _____

PAY TO THE ORDER OF _____

VOID

\$ _____
/ 100 DOLLARS

BANK NAME
BANK STREET ADDRESS
BANK CITY, PROVINCE POSTAL CODE

0001

05550

004

127864182178

Cheque No.

Branch No.

Institution No.

Bank Account No.

Delivery Options:

1. TVDSB Courier – Attention: Payroll Services
2. Email: payrollhelpline@tvdsb.ca

For Office Use Only	
☐ Verified	☐ Entered
Initials	Initials