

Please complete and submit this form to your em Scotiabank account.	iployer to have	e your paycheque automati	cally deposited into your
То:			
(INSERT NAME OF YOUR EMPLOYER)			
Please accept these instructions to automatically	denosit my na	avcheque into my bank acco	ount as outlined below:
·	acposit my pe	ayeneque into my bank deci	ount as outlined below.
Employee Information			TEL. NO.
MS LORILEE LESSARD			(639) 471-1772
711 WEILER BLVD APT 403			
THUNDER BAY		PROVINCE ON	POSTAL CODE P7C0A8
EMPLOYEE NUMBER (IF APPLICABLE)		DEPARTMENT (IF APPLICABLE)	
THE BANK OF NOVA SCOTIA Company Processing Instru	NUMBER 002 uctions	10207 Enter as TRANSIT No.	0569984 Enter as ACCOUNT No.
BRANCH ADDRESS			
I am advising the Company to change my payroll not responsible for verifying these payments to n or make other changes to my account.	•		
Authorized by:		2022-	-AUG-01
SIGNATURE		DATE	

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.