

To:

(INSERT NAME OF YOUR EMPLOYER)

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

Employee Information

EMPLOYEE NAME MS CHANTELE Y ACHNEEPINESKUM		TEL. NO. (204) 898-9713
ADDRESS 62 WHYTE AVE UNIT A		
CITY DRYDEN	PROVINCE ON	POSTAL CODE P8N1Z5
EMPLOYEE NUMBER (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)	

Employee Bank Account Information

INSTITUTION	NUMBER	12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	90217	0461725
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS			

I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.

Authorized by:

SIGNATURE

2024-AUG-06

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.