

direct deposit form to:

## PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

Revised Sept 2011

PERSONAL INFORMATION	
FERSONAL INFORMATION	
PREFIX FIRST NAME, MIDDLE NAME SURNAME	TITLE/POSITION  /
COOME INCOME NOTIFICAL	EXTERIOR ENTITION ESS
CONTACT INFORMATION	
() HOME PHONE () WORK PHONE	()
ADDRESS 1 ADDRESS 2 NOTE: If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.	
This is my default address	This is my default address
ADDRESS	ADDRESS
CITY	CITY
PROVINCE POSTAL CODE COUNTRY	PROVINCE POSTAL CODE COUNTRY
Please indicate Address Type:  Home Business Temporary or Placement	Please indicate Address Type:  Home Business Temporary or Placement
BANKING INFORMATION	
Please indicate account type:   Chequing Note: Personal line of credit not accepted  Savings	
To ensure the accuracy of your account information a VOID CHEQUE	
(or Bank Verification Form) must be attached.	
☐ I consent to have this information used by Human Resources for payroll purposes, if applicable.	
DEMITTANCE INFORMATION	
REMITTANCE INFORMATION  Places indicate how you would prefer to receive your payment detaile: (Places shock one)	
Please indicate how you would prefer to receive your payment details: (Please check one)	
E-MAIL ADDRESS:	
☐ NO REMITTANCE ADVICE NECESSARY	
SIGNATURE APPROVAL	
SIGNATURE	DATE
DATE	
Please return completed Northern Ontario School of Medicine – Finance Unit	

Protection of Personal Information: The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected is used by the School for the purposes of executing various functions and activities related to Administration processes. Users of this information are the Finance Unit of the Office of the Associate Dean, Administration. Please direct any questions about this collection to the Director of Finance, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, Telephone: (807) 766-7307.

Fax: (807) 766-7352

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Email: accountspayable@nosm.ca