

Employee Information Form

Employee No.	Name	Social Insurance No.	Start Date of Employment
Email Address for Payroll Advices, Expense Reimbursement & Correspondance		e Home Phone #	Cell Phone #
Permanent Mailing Address for T4s		Postal Code	Fax #
Date of Birth	Citizenship	Gender	Department
		Male Female	
	University of Kir	ng's Student & Alumni	
Do you have a current or former Banner ID/NetID# ? Yes No		Banner ID	NetID
	In Case of Er	mergency Contacts	
Relationship	Name	Phone 1	Phone 2
Relationship	Name	Phone 1	Phone 2
	Payroll Direct	Deposit Information	
		olease attach a voided cheque.	
Name of Banking Insti	For savings accounts please have your institution verify to	hat you have entered the bank, branch & account r	numbers correctly.
Name of Banking Insti	tution		
Account Number		Bank ID	Transit
I hereby instruct payro	oll to arrange for the direct deposit of all net proceeds f	I rom employment, expense reimbursements a	nd research grants to the

Financial Institution and Account number noted above. Request for this direct deposit information will remain in effect until such time as I instruct in

Date: Employee Signature:

writing to amend my records which includes a change in the institution, location or account number.