

# PRELIMINARY PAYROLL AUTHORIZATION FORM

In preparation for your automatic payroll deposit, please complete the following information and provide it to your company's Human Resources department.

## EMPLOYEE (APPLICANT)

Name \_\_\_\_\_

ID Number \_\_\_\_\_

## COMPANY (EMPLOYER OR RETIREMENT SYSTEM)

Name \_\_\_\_\_

ID Number \_\_\_\_\_

I hereby authorize my company to credit my net salary or pension to the bank account stated below.

## FINANCIAL INSTITUTION

The Bank of Nova Scotia (Scotiabank)

Routing No. \_\_\_\_\_

City \_\_\_\_\_

Branch \_\_\_\_\_

Account No. \_\_\_\_\_

Checking  Savings

Until cancelled by me in writing, my Employer or Retirement System is hereby authorized to credit my Scotiabank account, as per my direct deposit instructions above. I understand that I shall send the notification to cancel the service, 30 days prior to the deposit's effective date.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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