

Payroll Direct Deposit Instructions

Please complete and submit this form to your Scotiabank account.	our employer to	o have your paycheque a	automatically deposited into your
To:			
(INSERT NAME OF YOUR EMPLOYER)			
Please accept these instructions to automa	itically deposit i	my paycheque into my b	ank account as outlined below:
Employee Information			
EMPLOYEE NAME			TEL. NO.
ADDRESS			
CITY		PROVINCE	POSTAL CODE
EMPLOYEE NUMBER (IF APPLICABLE)		DEPARTMENT (IF APPLICABLE)	
Employee Bank Account Information			
INSTITUTION	NUMBER	12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002		
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS			
I am advising the Company to change my not responsible for verifying these paymer or make other changes to my account.			
Authorized by:			
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.