

## **AUTHORIZATION FORM FOR DIRECT DEPOSIT**

INITIA	L REQUEST:		
PAYF	ROLL		
	I hereby authorize Champlain Regional College to deposit my pay cheque directly to my bank account.		
	I would like to receive my paystub in:	English	French
FINA	NCE		
	I hereby authorize Champlain Regional College to deposit my travel expense and cheque requisition reimbursements directly to my bank account.		
	A message will be sent to your College email address to advise you that a deposit has been made to your bank account. If you would like to receive your messages to a different email address, please indicate it hereinafter:		
Modif	FICATION OF BANKING INFORMATION:		
	I hereby authorize Champlain Regional College to change my banking information for direct deposit purposes for PAYROLL and/or FINANCE (EXPENSES) to the account at the financial institution as indicated on the attached cheque specimen below, effective on		
	(date)		
Date		Signature	
		Print name	
	ATTACH CHEQUI	E SPECIMEN HI	ERE