



Direct Deposit Enrolment Form

At NSCC, we distribute employee pays and reimburse employee expenses through direct deposit to a financial institution of their choice. It's a safe, cost effective and efficient way to deliver pays and for reimbursement of employee expenses. Employees can access the details of their pay in advance of their deposit date through *Employee Self Service* with the additional option to print the pay advices for your own records. For reimbursable expenses only, employees will receive a remittance advice by email to notify employees of the deposit date and deposit amount. Please complete this form with your choice of institution below and forward your printed form to your Campus ES Advisor. While this form provides for one banking institution, we do allow employees to have up to two accounts for distribution (applicable for pay only) – see your Campus ES Advisor if you wish this option.

Instructions:

If you are enrolling for Direct Deposit for the first time please have your bank complete and verify the information requested in the banking section or attach a void cheque before returning this form to your Campus ES Advisor or the Payroll section in Central Human Resources.

If you are changing your existing banking information, NSCC must be immediately advised in writing of any change in your bank, branch, or account number. Failure to advise us of these changes will result in incorrect transfer payments. (Please forward this information to your Campus ES Advisor or Payroll Section, Central Human Resource) **Request for a change through a private email account will be confirmed by Payroll or your Campus ES Advisor through a call or an email to your NSCC email account.**

Employee Authorization

I hereby authorize the Nova Scotia Community College, to use the Direct Deposit System in respect of my bi-weekly payroll cheque and all reimbursable expenses.

Signature of Employee

Date

Employee Personnel Information:

To be completed by the Department

All information will be treated as private and confidential.

Employee Name (Surname, Given Name, Initials)	
Campus	W Number
Department	

Banking Section:

To be completed by the Bank

Bank / Financial Institution	
Branch Address	
Province	Postal Code
Account Holder's Name	

Direct Payment Routing Number

Inst. No.	Branch No.	Account No.

Authorized Branch Signature

Date