

Northern Ontario School of Medicine

## PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

PERSONAL INFORMATION		
ERSONAL INFORMATION		
PREFIX FIRST NAME, MIDDLE N	NAME SURNAME	TITLE/POSITION
		// DATE OF BIRTH (YYYY/MM/DD)
CONTACT INFORMATION		
() HOME PHONE	() WORK PHONE	() CELL PHONE
ADDRESS 1		ADDRESS 2
	ses, please identify a default a	as all NOSM Communication will be sent to this address.
This is my default address		This is my default address
ADDRESS		ADDRESS
CITY		CITY
PROVINCE POSTAL CC	DE COUNTRY	PROVINCE POSTAL CODE COUNTRY
Please indicate Address Type:		Please indicate Address Type:
Home Business	Temporary or Placement	Home Business Temporary or Placement
BANKING INFORMATION		
Please indicate account type:	<ul> <li>☐ Chequing</li> <li>☐ Savings</li> </ul>	Note: Personal line of credit not accepted
		count information a VOID CHEQUE
	(or Bank Verification Fo information used by Human R	orm) must be attached. Resources for payroll purposes, if applicable.
Please indicate how you woul	d prefer to receive your payme	ent details: (Please check one)
E-MAIL ADDRESS:		
	OVICE NECESSARY	
GIGNATURE APPROVAL		
SIGNATURE		DATE
Please return completed direct deposit form to:	955 Oliver Road, Balmoral	of Medicine – Finance Unit Street Centre, Thunder Bay, ON P7B 5E1 mail: accountspayable@nosm.ca Revised Sept 2011
the Letters Patent of the Northern Ontario School of N ed by the School for the purposes of executing various	ario School of Medicine protects your privacy and yo ledicine dated November 15, 2002, and in accordan s functions and activities related to Administration pr	bur personal information. The personal information requested on this form is collected under the authorice with the Freedom of Information and Protection of the Privacy Act. Personal information collected 'ocesses. Users of this information are the Finance Unit of the Office of the Associate Dean, S School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, Telephone: (807) 766-7307.