## High Prairie School Division Payroll Information\*

Full Legal Nam	e	Job Location
Physical Addres	SS	Position
Mailing Addres	S	First Day Worked
Postal Code	Home P	Phone Cell Phone
Email Address		Social Insurance #
Sex Ma	arital Status Birth	n date (YYYY/MM/DD)
your eligible dependen		Prairie School Division No.48 is required to collect personal information for you and form these duties will be disclosed. By signing below, you consent to the collection, use
	Electr	ronic Pay Distribution
percentages. All in	formation must be completed i ation slip provided by the	counts and/or several different banks. It can be split by flat amounts or by for each bank and each account number. A void cheque or bank to financial institution MUST be provided for each account
*****	*****	***********
Bank Name: _		Account No:
Bank Address: _		
-	Amount \$(F)	
	Percent% (P)	
	Balance(B)	
*****	*****	***********
Bank Name: _		Account No
Bank Address: _		
-	Amount \$(F)	
	Percent% (P)	
	Balance(B)	
<b>Date:</b>		Signature:

<sup>\*</sup>Current employees requesting banking changes – Complete only name, address and bank information, then date and sign the form.