

OFFICE OF FINANCE DIRECT DEPOSIT AUTHORISATION FORM (STAFF/STUDENTS)

Name of Employee/Stude	ent:					
Surname	 First	First Name		Middle		
U.W.I. Identification num	nber:	Telo	ephone No.:			
U.W.I Email address:						
Department:						
BANK INFORMATION						
Bank Name:	NCB	BNS		FGB		
	Citibank	RBC/Sa	gicor	FCIB	200000000000	
Branch:						
Bank Account Number to			ed:			
Type of Account (please t			Savings			
DECLARATION						
I hereby authorise the Off bank account indicated aboresponsibility for the validi	ve. I declare that	the information	-payroll pay above is tru	ments due to me e and correct and	e to the accept	
Signature of Employee/Student				Date		
	FOR INTE	RNAL USE ONLY	<u>/</u>			
		INITIAL		DATE		
ENTERED BY:						
CHECKED & VERIFIED BY:			(
ACTIVATED BY:						
		-				