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**Accounts Payable Banking Information Authorization Form**



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| The personal information on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act. The purpose of the personal information is to deposit your expense claim directly into your bank account. Please direct questions to the Accounts Payable Department at Lethbridge College, 3000 College Dr. S., Lethbridge, AB. T1K 1L6 (403)320-3231 |

**Important Information for Employees**

Lethbridge College is changing the method it pays employees for expense claims. Payment will now be made through Electronic Funds Transfer (EFT) as opposed to a cheque. A detailed remittance advice will be sent by e-mail prior to receiving the funds.

In order to be compliant with F.O.I.P. rules and regulations, authorization to use the banking information already collected by the Lethbridge College Payroll department is required. Please complete the following section and return this form to Accounts Payable as soon as possible.

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| --- | --- | --- | --- | --- | --- |
| I, |       |  |       |  |       |
|  | Last Name |  | First Name |  | Middle Name |

authorize Lethbridge College to deposit my expense claim into the account specified in my Payroll file until I advise them otherwise.

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| --- | --- | --- | --- |
| Employee S# |       |  |  |
| Employee Signature |  | Date |       |