



Direct Deposit Information Payroll Services & Financial Services

The personal information requested on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), section 33(c) and is protected by Part 2 of that Act. Your information will be used for administrative purposes associated with administering and managing Payroll deposits for employees, reimbursements through Financial Services and reimbursement for Benefit claims through Pension & Benefits, and uses consistent with this purpose. Information provided may be disclosed within Lethbridge College or to external agencies as necessary to fulfill the purpose of collection, facilitate the delivery of college programs/services and to meet legislative requirements. Please direct questions about the collection, use, disclosure or protection of the personal information being collected on this form to the college's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

From your online banking account, attach a personalized deposit slip or cheque, marked "VOID" for proof of correct account and deposit numbers. Where this may not be possible, contact Human Resources for assistance.

S# _____

Surname

(Please Print)

Given Name(s)

**Attach your online banking deposit slip
or cheque, marked "VOID"**

I hereby authorize Lethbridge College to credit my pay/reimbursement to the account in the financial institution as above, until such time as I no longer receive pay/reimbursements from the college or advise changes in writing.

Signature

Date

Change(s) to direct deposit information must be submitted 10 days prior to pay day for changes to take effect.

Original: Human Resources (HR distribute to payroll)