(For the area of Central West)

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Ontario Health atHome through the Royal Bank of Canada deposit my payments to the attached account(s), as shown on the attached void Cheque/Direct Deposit Form.

I will advise Payroll/Human Resources Department of any change with my account information and the authorization is to remain in effect until notified in writing.

Please note that a Void Cheque/Direct Deposit Form ***must*** be submitted.

Please attach a Cheque(s) marked “VOID”.

If you do not have Cheque(s) for this account, please attach the printed Direct Deposit form provided by your financial institution.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_