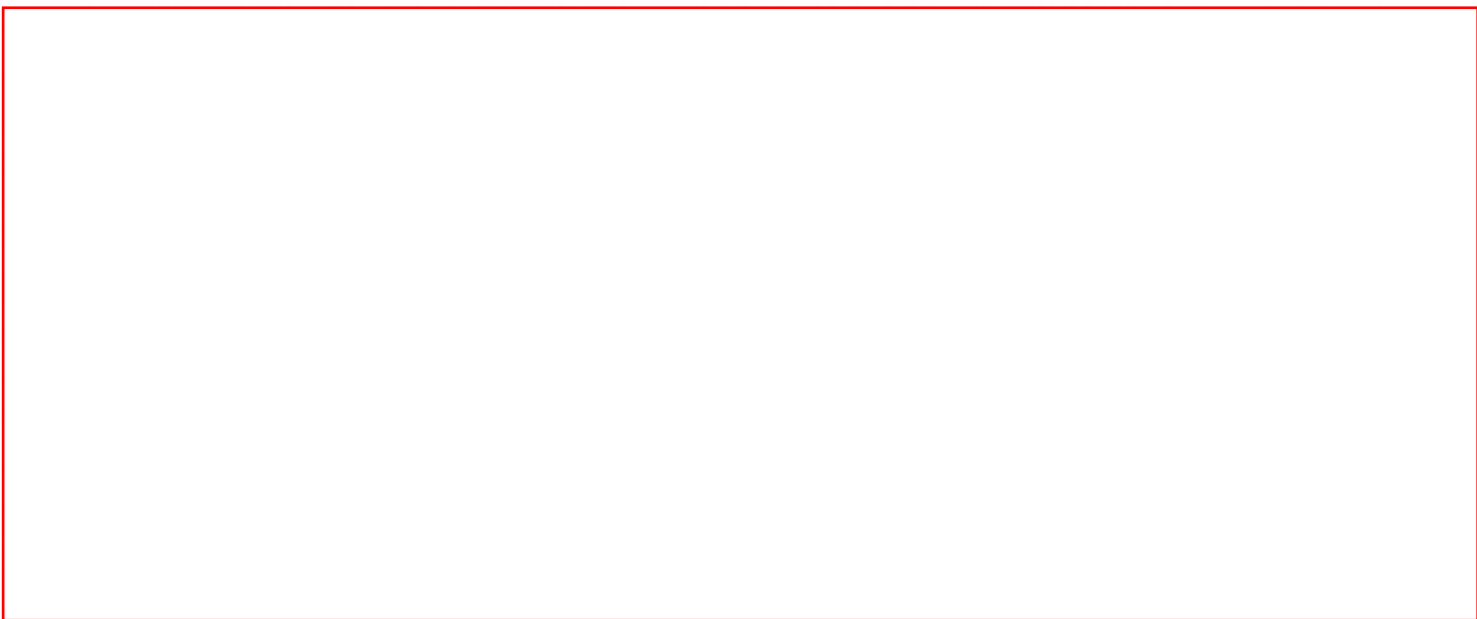


Employee Information

Name	_____	Effective Deposit Date	_____
Department/Division	Paramedic Services	Employee ID	_____
		Phone Ext.	_____

Financial Institution Priority #1		<input checked="" type="checkbox"/> New Request	<input type="checkbox"/> Change to existing account
Name of Bank	TD Canada Trust	Bank No.	004
Address of Bank	1065 North Service Rd., Mississauga, L4Y0E4	Branch Transit No.	10362
<input checked="" type="checkbox"/> Chequing	OR	<input type="checkbox"/> Savings	Account No. 5214078
<input type="checkbox"/> Percentage of Income to Deposit _____ %	OR	<input checked="" type="checkbox"/> Amount of Income to Deposit (\$)	2.00



Employee Authorization

I authorize The Regional Municipality of Peel to deposit my pay to the financial institution(s) and account(s) as indicated.

_____	_____
Employee Signature	Date (YYYY/MM/DD)

