



DIRECT DEPOSIT OF PAYROLL ENROLLMENT FORM

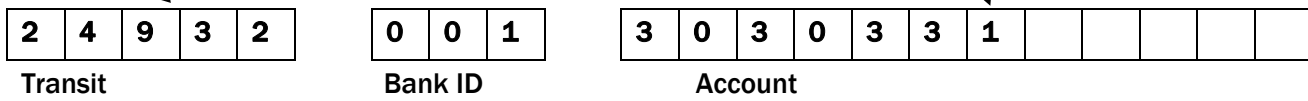
Purpose: This form must be completed by the employee to request the commencement of direct deposit or to make changes to existing direct deposit banking information.

Instructions:

1. Fill out Section I Form. Use your personal cheque for bank details (as following example depicts:)

Bottom line from cheque:

..24932-001.: 3030-331.:



2. For a *chequing account* deposit, please write “VOID” across the face of one blank cheque and attach, or request the assistance of your Bank to complete Section II of this form.

Note: If sample cheque is attached, bank verification is not required.

For a *savings account*, please request the assistance of your Bank to complete Section II of this form.

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SECTION I:	SECTION II:
<i>For Employee Use</i>	<i>For Bank Use</i>
Employee Number	Bank Stamp:
Employee Name	
Bank Name	
Transit	
Bank ID	
Account	
My signature appears below as authorization to deposit my pay to my bank account described above.	
Signature	Verified
Date	Date

3. Please return completed form (and sample cheque if necessary) to:

Payroll Division, 6th Floor
515 King Street
Fredericton, N.B.
E3B 4X1