

| Employer |  |  |  |
|----------|--|--|--|
|          |  |  |  |
|          |  |  |  |

## Part A

| Last Name              | First Name              |                                       | Position    |
|------------------------|-------------------------|---------------------------------------|-------------|
| Date Of Birth (DDMMYY) | Social Insurance Number | Start Dat                             | e (DDMMYY)  |
| Mailing Address        |                         | , , , , , , , , , , , , , , , , , , , |             |
| City                   | Province                |                                       | Postal Code |

## Part B

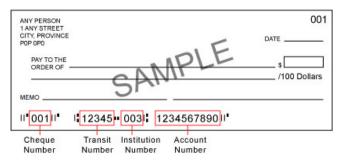
| CPP Exempt Yes No     | El Exempt Yes No |               |  | Federal and                                       | d Provincial TD1 Basic for Both Yes No |                               |  |  |  |
|-----------------------|------------------|---------------|--|---|--|-------------------------------|--|--|--|
|                       |                  |               |  | (If not the basic amount please submit TD1 Forms) |  |                               |  |  |  |
| Rate of Pay Salary If |                  |               |  | Salaried, Number of Hours Worked in Pay Period    |  |                               |  |  |  |
|                       | Hourly           |               |  |   |  |                               |  |  |  |
| Department            |                  | Pay Frequency |  | Vacatio   |  | Vacation Percentage%          |  |  |  |
|                       |                  |               |  |   |  | AccruedPaid                   |  |  |  |
| Email Address         |                  |               |  |   | Emai                                   | I Statement of Earnings YesNo |  |  |  |

## Part C

Attach a blank cheque marked "VOID" or complete the account information below;

| Transit |  |  |  | Institution |  |  |
|---------|--|--|--|-------------|--|--|
| Number  |  |  |  | Number      |  |  |





While this direction contained is in effect, I hereby authorize IBEX Payroll to transfer funds on behalf of my employer to the above account.

Signature of Employee