



Employer: \_\_\_\_\_

**Part A**

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

**Part B**

CPP Exempt Yes ___ No ___	EI Exempt Yes ___ No ___	Federal and Provincial TD1 Basic for Both Yes ___ No ___ (If not the basic amount please submit TD1 Forms)
Rate of Pay	Salary _____ Hourly _____	If Salaried, Number of Hours Worked in Pay Period _____
Department	Pay Frequency	Vacation Percentage _____% Accrued _____ Paid _____
Email Address	Email Statement of Earnings Yes ___ No ___	

**Part C**

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

<b>Transit Number</b>					
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<b>Institution Number</b>			
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<b>Account Number</b>												
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ANY PERSON 1 ANY STREET CITY, PROVINCE POP OPO	001	
PAY TO THE ORDER OF _____	DATE _____	
_____ \$ _____	/100 Dollars	
MEMO _____		
*001  *	*12345*003*	1234567890  *
Cheque Number	Transit Number Institution Number	Account 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

\_\_\_\_\_  
Date