DIRECT DEPOSIT SERVICE
ENROLLMENT AUTHORIZATION

Please complete and return to **HCR Personnel Solutions Inc.** with an unsigned personal cheque marked **VOID** (for verification purposes).

Last Name _____ **First Name** _____

Current Address _____ **Apt. #** _____

City _____ **Postal Code** _____

Social Insurance Number

_____

I authorize
HCR Personnel Solutions Inc.

TO CREDIT MY ACCOUNT: **CHEQUING** **SAVINGS**
(Please circle one)

Account # _____ **Transit #** _____
(Minimum 7 digits) **(5 digits required)**

Held at _____
Name of Financial Institution

Branch Address

_____

Branch Telephone # _____

For the purpose of payroll deposit.

Signature _____ **Date** _____

PLEASE STAPLE CHEQUE HERE
(if faxing, please attach void cheque to separate page)