

Government of Gouvernement des
Northwest Territories Territoires du Nord-Ouest

## DIRECT DEPOSIT PAYROLL FORM

The Government of the Northwest Territories (GNWT) currently deposits employee' bi-weekly pay by DIRECT DEPOSIT to any Canadian chartered bank. The bank account (Cheque or Savings) must be with a Canadian Financial Institution. Employee's pay will be available by the banks' opening on each payday except for some of the Credit Unions where this transaction may take up to 48 hours.

This form is only to be used by employees in the instances listed below:

## **NEW EMPLOYEES:**

Entered by:

New employees can submit this form as part of their hiring with Human Resources. Human Resources will submit to Financial & Employee Shared Services (FESS) as part of the hiring package.

A. EMPLOYEE INFORMATION

## **EXISTING EMPLOYEES:**

Employees that do not have access to HRIS submit this form to <a href="mailto:hrhelpdesk@gov.nt.ca">hrhelpdesk@gov.nt.ca</a>.

FESS will process the form to update the banking on an employee's HRIS account for future payments. Please note this may take up to two pays to process. Once processed, employee's pay will be deposited directly into the account provided below on payday.

All other employees must update/change their banking information through HRIS Self-Service. Follow this link for instructions to enter or change bank deposit information in HRIS: <a href="https://my.hr.gov.nt.ca/employee-services/pay/updating-your-direct-deposit">https://my.hr.gov.nt.ca/employee-services/pay/updating-your-direct-deposit</a>

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EMPLOYEE NAME:			
MAILING ADDRESS:			
SOCIAL INSURANCE NUMBER:			
DATE OF BIRTH (DD/MM/YY):			
GNWT EMPLOYEE ID:			
DEPARTMENT/AGENCY:			
ARE YOU AN EXISTING GNWT EMPLOYEE?		Existing employees must provide a reason why they cannot enter this information in HRIS directly:	
□ Yes	□No	tins information in this u	nectly.
B. BANKING INFORMAT	ΓΙΟΝ		
BRANCH #:			PROOF OF BANKING INFORMATION
FINANCIAL INSTITUTION #:			☐ Void personal cheque (please attach)☐ Bank confirmation print-out (please attach)
ACCOUNT #:			☐ Financial Institution stamp (below)
ACCOUNT TYPE:			STAMP
NAME(S) OF ACCOUNT HOLDER(S)			HERE
C. Concont			
C. Consent			
institution is outside the Northwest Territ	cories, I understand there may be a delay in the	e funds reaching my account. I	nated above until cancelled by me in writing. If this banking n the event a delay is the result of funds being directed to have been electronically returned to the Government Bank
By signing, you confirm that you have read and agree with the consent statement above.			
EMPLOYEE SIGNATURE		DATE SIGNED (DD/M	M/YY)
		( <b>55</b> /m	
FOR INTERNAL FESS USE ONLY			

Verified By:

Date:

Date: