# Direct Deposit Authorization Form

Please print and complete ALL the information below.

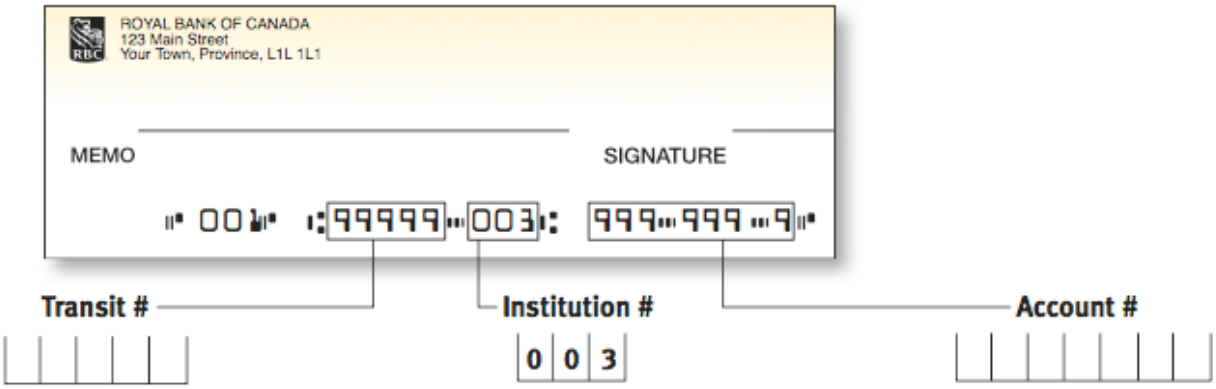
First Name: _____ Last Name: _____

Address: _____

City, Province, Postal Code: _____

**Bank Account Information**

❑ I've provided my bank account information OR ❑ I have attached a void cheque




Name of Bank: _____

Account #: _____

Transit #: _____

Institution #: _____

Arkay Contracting Ltd. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

Arkay Contracting Ltd
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