Light of Christ RCSSD #16
Notice of Change Form

Employee Personal Information/Direct Deposit/

Payment Option/Improved Educational Qualifications

Please PRINT clearly and forward directly to the Payroll Department.

1 Personal Information

Personal information currently on file

Surname (last name)	Given Names in full (first & middle)	S.I.N.

2 Change of Name and/or Marital Status

Surname (last name)	Given Names in full (first & middle)	Marital Status

3 Change of Address and/or Telephone No.

Address	City	Province	Postal Code
Telephone No.	**Cell No.**	**Effective Date**	

4 Notice of Improved Educational Qualifications

Attach University Transcripts or Additional Qualification Certificate

Degree/Certificate	Classification	Name of University or Institution	Effective Date

5 Change of Banking Information

Direct Deposit Information

Check Option I or II. (Option I is preferred since we are assured of current banking information.)

☐ OPTION **I** Direct deposit to a chequing account. Attach a current blank cheque marked "VOID" across the face. The cheque must have preprinted numbers on the bottom indicating your bank, branch and account numbers.

☐ OPTION **II** If your payments are not made to a current chequing account, please have this section completed by an authorized official at your bank.

For Bank Official Use Only

Institution #	Branch #	Account #
Bank Branch Authorized Signature		**Bank Name**

6 Payment Option

Please submit to Central Office by September 1st of the academic year.

I hereby request that my salary be paid according to the option designated below.

This salary option will be effective September, 20____.

☐ Ten (10) month pay option

☐ Twelve (12) month pay option *(permanent employees only)*

7 Your signature of authorization

Your signature	Date (dd/mm/yyy)