



Direct Deposit Enrolment Form

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Revision Letter:

B

Revision Date:

5/21/2009

Written by: Jennifer Broeders

Approved by: Catherine Day

Part 1: To be completed by Employee

<input type="checkbox"/>	New Enrolment	DATE _____
<input type="checkbox"/>	Advice of Change	
DEPT. _____ CLOCK # _____ NAME _____		(PLEASE PRINT)

Part 2: Financial Institution to complete BANK detail for New Enrolment or Change of Account Information
A VOIDED CHEQUE MAY BE SUBMITTED IN PLACE OF FINANCIAL INSTITUTION COMPLETING THIS SECTION

BANK DEPOSIT # 1 (first priority deposit) complete amount to deposit

AMOUNT OF DEPOSIT: <input type="checkbox"/> ALL or FIXED AMOUNT DEPOSIT: \$ _____	DIRECT DEPOSIT ROUTING NUMBER		
	TRANSIT NO.	INST. NO.	ACCOUNT NUMBER
FINANCIAL INSTITUTION NAME AND ADDRESS (STAMP MAY BE USED)	ACCOUNT NAME		
	SIGNATURE OF FINANCIAL INSTITUTION OFFICIAL		DATE MONTH DAY YEAR

BANK DEPOSIT # 2 (second priority deposit) complete amount to deposit

AMOUNT OF DEPOSIT: <input type="checkbox"/> BALANCE AFTER BANK DEPOSIT # 1 or FIXED AMOUNT DEPOSIT: \$ _____	DIRECT DEPOSIT ROUTING NUMBER		
	TRANSIT NO.	INST. NO.	ACCOUNT NUMBER
FINANCIAL INSTITUTION NAME AND ADDRESS (STAMP MAY BE USED)	ACCOUNT NAME		
	SIGNATURE OF FINANCIAL INSTITUTION OFFICIAL		DATE MONTH DAY YEAR

PAYEE AUTHORIZATION

I hereby authorize the above named company, (International) to use a direct deposit system, to make deposit payments directly to the account described above, until notice in writing to stop the direct deposits and to cancel this authorization is received by the company.

I hereby authorize the above named company, (International) to recover / withdraw from my account **cancelled** advance payments, such as vacation, full week of PAA.

DATE _____

Employee Signature

ALL INFORMATION SUBMITTED WILL BE TREATED AS PRIVATE AND CONFIDENTIAL
 This form is to be used to follow the procedure for Direct Deposit Enrolment - CAP-FIN-210-PR

Navistar Canada, Inc.

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