



**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)