

Payroll Direct Deposit / TD1NB / TD1 Forms

Name		STU ID Number/Employee Number	
Social Insurance Number		Date of Birth (Year/Month/Day)	
Department		Phone (work)	
Home Address (street, city, prov., postal code)		Phone (home)	
Signature		Date	
All employees receive the			accounts. In order to
begin this process, this fo	orm musi be complete	a ana reiimea io.	
Physical Location:	sical Location: Payroll Officer - Financial Services, George Martin Hall, Room 103		
	Tel: 506-452-0615	JOH 103	
Mail to:	Payroll Officer - Finance	cial Services,	
St. Thomas University, Fredericton, NB, E3B 5G		⊇વ	
Please attach a VOID cheque or have your financial institution complete the section below.			
BANK USE ONLY			
Financial Institution Nam	,		David and Institution Changes
	ie		Bank or Institution Stamp
Address			
Institution Number			
Transit Number (5 digits)			
Account Number			