



REQUIRED FIELDS		
Last Name:	First Name:	Middle Initial:
Employee ID (if known):	Department:	Contact # or Email:

TYPE OF CHANGE: Indicate <input checked="" type="checkbox"/> which change(s) is applicable		
Address: <input type="checkbox"/>	Telephone #: <input type="checkbox"/>	Alternate Email: <input type="checkbox"/>
Direct Deposit: <input type="checkbox"/>	Emergency Contacts: <input type="checkbox"/>	Name: <input type="checkbox"/>

**COMPLETE ONLY AREAS BELOW AFFECTED BY THE CHANGE AND SIGN**

ADDRESS			
Effective Date: (Year/Month/Day)			
Permanent Mailing Address:			
City:	Province:	Country:	Postal Code:

PHONE/EMAIL	
Work Phone #:	Cell Phone #:
Home Phone #:	Alternate Email:

EMERGENCY CONTACTS (Contacts entered below will replace any emergency contacts currently in the system)		
Primary Contact		
Name:	Relationship:	
Home Phone #:	Cell Phone #:	Work Phone #:
Secondary Contact		
Name:	Relationship:	
Home Phone #:	Cell Phone #:	Work Phone #:

NAME (change requires a copy of a government issued certification/record of legal name change OR certified marriage certificate)		
First Name:	Middle Name:	Last Name:
I have attached a copy of a government issued certification/record of legal name change or certified marriage certificate to this document <input type="checkbox"/>		

DIRECT DEPOSIT
Your new account must be with a financial institution in Canada. Please provide a new void cheque or form from your online banking or bank branch providing the electronic information (Institution Name, Institution Number, Transit Number and Account Number) for direct deposit. If you do not provide this information, delays in payment may result.
I have attached a void cheque or form from my bank to this document <input type="checkbox"/>

Employee Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_