

Banking Information:

AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT OF PAYROLL

I hereby authorize T.E.S. to initiate deposits to the financial institution indicated below. The financial institution is authorized to credit the amounts to my account. This authorization remains in full effect until otherwise instructed.

Scotiabank 002	0297119
Bank or (Credit Union) Name	Account Number
8706 Macleod Trail	10009
Street Address	Transit Number
Calgary, AB, T2H 0M4	(403) 221-6874
City Province Postal Code	Bank Phone Number
before writing cheques against these funds. I therefore indemnify and hold T.E.S. harmless for any charges against my account for overdraft and/or insufficient funds. I also understand the direct deposit funds are normally available by Friday the latest. I understand that my banking information, as provided above, will only be used by TES for the purpose of carrying out direct deposits to my financial institution, and that my personal information will be managed by TES in accordance with the TES Privacy Policy, which can be found at www@tes.net/privacy_policy.	
Contractor/Temporary Worker's Signature	
T.E.S. Employee's Signature of Acceptance	-