Change of Information form

Fleming College

Section A: - Employee Id	lentification (This	section M	UST be con	npleted)	Empl I	ld:
Last Name:		First Name (Legal Name):			1	Middle Initial:
Section B: - Change in P						
Last Name: (Attach proof of upo	dated SIN to chang	e name,) Firs	t Name (Le	gal name)):
First Name (Preferred name)			Middle N	ame:		
Home Address:						
City:	F	Province	e :			Postal Code:
Mailing Address: (if different the	an home address)					
City:	F	Province	e:			Postal Code:
Home phone: () -			Cell pho	one: -		
Alternative Email: (Personal - n	ot College issued)		1			
Emergency Contact	() Phone	-			Relat	ionship:
Name of Individual Section C: - Change in E			attach	a VOID	Chequ	le or Deposit form
Main Account		Name of Institution				
Secondary Account	Name of	Institutio	on			
	Amount	\$			%	per pay
	(when usi	ng Secon	idary acco	int balance g	oes to Mai	in account)
If you do not have a chequing a In addition, please be advised the College made into your main bank account. If yo department <u>directly</u> with your request.	s Accounting departmer	nt process	es employe	e expense stat	ements by	direct deposit; these deposits will
Employee Signature: I certify the information provided above is accurate						Date: (yy/mm/dd)
Section D – Completed by F	Pavroll					
Processed By:	<u></u>					Date: (yy/mm/dd)

The personal information on this form is collected under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002. In accordance with the *Freedom of Information and Protection of Privacy Act*, it will be used only for the purpose of administering your payroll and other legally authorized administrative purposes within the college. Information requested regarding payroll may be shared when direct funding is provided by an external agency. If you have questions regarding the collection/use/retention of this information, please contact the Payroll department at Fleming College 705-749-5530.