



Our Mission To provide quality services which enhance the lives of people with disabilities.

**\*\* Please TYPE or PRINT CLEARLY or processing may be delayed \*\***

DIRECT DEPOSIT ENROLLENT FORM  
QUEST SUPPORT SERVICES INC. – LETHBRIDGE

Identification Information

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province AB

Postal Code \_\_\_\_\_ Email Address: \_\_\_\_\_

I HEREBY AUTHORIZE Quest Support Services Inc. Lethbridge (hereafter referred to as 'The Employer') to electronically deposit my paycheque into the bank and account attached below.

I agree to notify The Employer of any changes in the information below and take responsibility for any errors should I fail to advise them of any change in the below information.

I understand that I have 7 business days from the end of the pay period (15th or last day of the month) to file any grievances in regards to my scheduled hours in the upcoming pay period to The Employer. I understand if I do not file a grievance, my calendar as viewed in the Employee Portal, is deemed approved and will be processed.

\*\*\*I also agree to provide 30 DAYS NOTICE for The Employer's payroll department to be notified of any change(s) in my account status\*\*\*

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Attach a VOID CHEQUE or/and AUTOMATIC DEPOSIT FORM filled out by your bank here.

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Date (YYYY/MM/DD)

Signature of Applicant

The Direct Deposit information will NOT be completed unless this form is accompanied with the cheque or bank information.

**For information regarding your VOID cheque or deposit information please contact your financial institution.**