



SPECTRA
BY COMCAST SPECTACOR

DIRECT DEPOSIT AUTHORIZATION

I (we) authorize Global Spectrum Facility Management L.P., to make direct deposit payroll deposit(s) to:

Account Information

To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/Bank Number/City/Province: _____

Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name/Bank Number/City/Province: _____

Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

3. Bank Name/Bank Number/City/Province: _____

Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Employee Name: _____ Date: _____

Social Insurance # _____

Employee Signature: _____ Date: _____

Note: Please attach a voided cheque to this form.