

**Payment Form (In Canadian funds only)**  
**To be processed in the U of T Payroll System**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Purpose/ F guetkr vkqp:

Amount: \$ \_\_\_\_\_

U of T Account to be charged:

CC: \_\_\_\_\_ CFC: \_\_\_\_\_ Fund: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature: Title: Date:

\_\_\_\_\_  
Print Name: Department:

Special Instructions: