



### LONGSHORE EMPLOYEE CHANGE FORM

COMPANY NAME: BCMEA COMPANY NUMBER: V10E

CHANGE REQUIRED:  BANK  UNION  TAX  OTHER

EMPLOYEE NAME: \_\_\_\_\_  
(Last name) (First name)

EMPLOYEE REGISTRATION # \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**\*\*Document Changed Information Only\*\***

#### Section A - Banking Information

PAYMENT TYPE:  If you specified "Deposit", please complete the following and FAX a copy of a voided cheque. The optional account indicated is for a secondary deposit account. Please designate the amount in this account, the balance will go to the primary account.

Primary Acct:	<u>TRANSIT(5 digits)</u>	<u>BANK(3 digits)</u>	<u>ACCOUNT #</u>	
Optional Acct:	<u>TRANSIT(5 digits)</u>	<u>BANK(3 digits)</u>	<u>ACCOUNT #</u>	<u>Amount</u>

#### Section B - Union Authorization - Union Deduction for Union dues and Dispatch Fees

Please tick the appropriate boxes

**Union Local:**

500	<input type="checkbox"/>
502	<input type="checkbox"/>
505	<input type="checkbox"/>
508	<input type="checkbox"/>
515	<input type="checkbox"/>
519	<input type="checkbox"/>

**Union**

A Board	<input type="checkbox"/>
B Board	<input type="checkbox"/>
C Board	<input type="checkbox"/>
D Board	<input type="checkbox"/>
E Board	<input type="checkbox"/>
T Board	<input type="checkbox"/>
RWF	<input type="checkbox"/>
Other	<input type="checkbox"/>

#### Section C - Tax Information

Please attach a completed TD1 Federal and TD1 Provincial Form

#### Section D - Other Changes/Comments

#### Section E - Authorization

Employee Signature \_\_\_\_\_

Fax #: 905 362 9038 or Toll Free 1-877 362 9678

E-Mail Address: Canada\_BCMEA@adp.com

\*\*Please fax/email to Comprehensive Outsourcing Services