

PO Box 5823
Westlock, AB T7P 2P6

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E accounting@flynair.ca

Payroll Form

Name: _____

E-Mail: _____

Phone#: _____

Mailing

Address: _____

Social Insurance # (SIN) _ _ _ _ _

Pay period cut off is 1 week before payday.

☐ Semi-Monthly Direct Deposit

Institution# _____ Transit# _____

(3 digits)

(5 digits)

Account# _____