



Internal Use:	
EE #: _____	Initial: _____
Vac: _____	Initial: _____
Paid: _____	Initial: _____

ONE-TIME PAYMENT

Payee Name: _____
(complete below if not currently an employee)
 Birth Date (MM/DD/YYYY): _____ SIN*: _____ Gender: M F
 Home Address
 Street: _____
 City: _____ Prov: _____ Postal Code: _____
 Telephone Number: _____
 Email: _____

***Please provide a copy of your SIN card with this form.**

I hereby authorize PHCRI to deposit my payment directly to the account indicated below.

Employee Signature: X _____ Date: _____

Name of Bank or Financial Institution	Address and Telephone Number
_____	_____

Attach Void Cheque
or
Direct Deposit Authorization
Form from Financial Institution
(complete if not currently an employee)

All payments will be subjected to mandatory income tax, CPP, and EI deductions and the payee will be issued a T4 prior to the income tax submission deadline.

Payee acknowledgement: X _____

Amount of payment: _____ Charge trust account # 0137 _____
[If applicable, indicate hourly rate used to determine payment \$ _____ x _____ hours]

Indicate Reason for One-Time Payment:
 Short-Term Employee (< 5 Days) Short-Term Employee (> 5 days & < 2 weeks)*
 Bonus Other: _____

I authorize the above trust account to be debited for the above charge and corresponding at source mandatory premiums and benefits (CPP, EI, and vacation pay if applicable) and any associated fees.

PI signature _____ (Print) _____
(Research Trust Account Authorized Signatory)

*If employed for over 2 weeks, please contact PHCRI HR to set up employment contract.