

# The Free Methodist Church in Canada™

4315 Village Centre Court, Mississauga, ON L4Z 1S2  
 Phone (905) 848-2600 Fax (905) 848-2603  
 Email: payroll@fmcic.ca Website: www.fmcic.ca

## EMPLOYEE INFORMATION FORM

The employee consents to the collection, use and disclosure of this information for payroll purposes.

**PLEASE PRINT**

<b>EMPLOYEE INFORMATION (To be completed by EMPLOYEE, Please include TD1 &amp; TD1 Provincial)</b>	
Employee Name:	Sex: M <input type="checkbox"/> / F <input type="checkbox"/>
Street Address:	
City/Province:	Postal Code:
Date of Birth (mm/dd/yyyy) :        /        /	Social Insurance No.:        /        /
Position of Employment:	Email Address:
Signature of Employee:	
Please enclose <b>void cheque</b> for direct deposit to employee bank account	

<b>SALARY INFORMATION (To be completed by EMPLOYER)</b>	
<i>(Please state salary on a per pay basis - 24 pays per year)</i>	
Employer: (church name)	
Employee Start Date (mm/dd/yyyy) :        /        /	
Salary: \$                    per pay <b>OR</b> \$                    per hour	<b>Hours per week</b>
House Allowance: <b>CRA approval only</b>	Manse Allowance (Rental value): \$                    per pay
Vacation Pay (only hourly paid employee)        % per pay	<b>OR</b> (Accrued):                    % per pay
Utilities (Taxable benefit): \$                    per pay	Others (Please specify):                    per pay
<b>BENEFITS (Related forms are required if "Yes" is checked)</b>	
Group Package (Life/Dental/Major Medical/Long Term Disability) Yes <input type="checkbox"/> No <input type="checkbox"/>	
(if working 20 hours a week or more employee is required to join within 30 days of hire date)	
Ministers' Pension Plan Yes        % <input type="checkbox"/> No <input type="checkbox"/> Please contact payroll department for package	
Signature of Treasurer:	
Print Name:	Date:

<b>EMPLOYER BANK AUTHORIZATION (To be completed by EMPLOYER)</b>
I hereby authorize The Free Methodist Church in Canada to debit the Church bank account ( <b>voided cheque attached</b> ↑)
Bank authorized signatory for the Church:
Church Signatory (Print Name):
Date:

**NOTES:**

1. Please return this form as soon as possible along with your tax forms (TD1 Federal & TD1 Provincial). (15<sup>th</sup> or 30<sup>th</sup>/31<sup>st</sup>).  
*Forms received after cut-off date will be processed in the next pay period.*
2. Employer's void cheque is not required if you have already filed one with FMCIC.
3. According to Labour Act, vacation pay has to be paid to all hourly paid employees.