

**5 International Blvd, Etobicoke, ON M9W 6H3**  
**Phone (905) 848-2600      Fax (905) 848-2603**  
**Email: payroll@fmcic.ca      Website: www.fmcic.ca**

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

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

Employee: (church/camp/daycare)			
Employee Start Date (dd/mm/yyyy) :       /       /		Hours per week	
Salary       \$       per pay	OR \$       Monthly	Hourly Pay per pay \$	<b><i>vacation pay mandatory</i></b>
House Allowance: <b>CRA approval only</b>		Manse Allowance (Rental value): \$       per pay	
Vacation Pay (only hourly paid employees)       % per pay		OR (Accrued) only hourly paid employees:       % per pay	
Utilities (Taxable benefit): \$       per pay		Others (Please specify):       per pay	

## Date:

## Date:

September 2025