

The Free Methodist Church in Canada™

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

EMPLOYEE INFORMATION FORM

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

PLEASE PRINT LEGIBLY

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 <u>void Cheque</u> or direct Deposit form for direct deposit to employee bank account (no hand written cheque information)			

SALARY INFORMATION (To be completed by EMPLOYER)			
(Please state salary on a per pay basis - 24 pays per year)			
Employer:(church/camp/daycare)			
Employee Start Date (dd/mm/yyyy) :	/	/	Hours per week
Salary \$ per pay	OR \$	Monthly	Hourly Pay per pay \$ vacation pay mandatory
House Allowance: CRA approval only		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
BENEFITS (Related forms are required if "Yes" is checked)			
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:	
EMPLOYER BANK AUTHORIZATION (To be completed by EMPLOYER)			
I hereby authorize The Free Methodist Church in Canada to debit the Church bank account (<u>voided cheque attached</u> ↑)			
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). (15th or 30th/31st).
Forms received after cut-off date will be processed in the next pay period.
2. Hours are mandatory for all employees: (if you are submitting hours leave the hours section blank)
3. Any Social Insurance Number that begins with the digit 9 we will require the letter from Service Canada
4. Employer's void cheque is not required if you have already filed one with FMCMC.
5. According to Labour Act, vacation pay has to be paid to all hourly paid employees.

September 2025