



EMPLOYEE CHEQUE / DEBIT CARD

DATE: / / 2014

FIRST NAME: _____ LAST NAME: _____

SIN# _____ Date of birth :(DD/MM/YY): _____

Present Address: _____ Postal Code _____

Debit Card# _____ Email: _____

TYPE OF ID PROVIDE _____ (PROVIDE COPY) CONTACT NUMBER _____

EMAIL MONEY TRANSFER FEES

Our company has recently made email money transfer an option for payroll, a 2.50\$ fee will be charged for each money transfer

CHEQUE CASHING FEES

For clients with limited access to bank accounts, we offer a cheque cashing option. A charge of 3% of the amount of the cheque will be charged as an administration fee

DEBIT CARD CHARGES

1. Insert Card into any ATM machine that accepts "INTERAC" NEW HIRE FEE OF \$.00 for first card
2. Follow the instructions from the machine (some say remove card quickly , others say leave card in)
 3. Enter your 4 digit PIN number- this PIN cannot be changed.
 4. When checking, savings or credit card – choose chequing
5. When asked for "amount" choose from one of the present amounts or enter your own amount- (in multiples of \$20.00 only)
 6. Make sure you have sufficient funds for the amount you request- plus a processing fee of \$3.00
 7. If asked if you were a receipt- press yes. It is your responsibility to keep track of your balance.
8. Do not lose your card or forget your PIN number- it is how you are paid unless you select the cheque option below. If you lose your card, we will not issue a cheque for the remaining balance, you will need to purchase a replacement card.
9. A \$25.00 fee will be charged for a replacement card and any outstanding balances will not be transferred for minimum of thirty days.
 10. A \$0.50 will be charged for checking balances
 11. \$2.49 Monthly fee will be charged on all active cards
 12. Questions about your card- please call- Cash Direct at (403) 207 1500 (fees apply)

PLEASE PLACE PICTURE IDENTIFICATION BELOW

RULES OF CONDUCT AND SAFETY

Consuming, being in possession of, or using any alcoholic beverages or illegal drugs on company premises, related job sites, or otherwise is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. Horseplay, fighting, gambling, practical jokes, possession of firearms or otherwise interfering with other workers is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. Theft, vandalism, malicious acts or any other abuse or misuse of company or client property is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. At **NO** time will an employee operate equipment or conduct him or herself in a manner that will endanger the safety of themselves, their co-workers, or the general public, or cause endangerment to equipment or property. All clothing shall be appropriate to the duties being performed. Long pants, a shirt and sturdy footwear are minimum requirements. No tank tops, shorts, or sandals shall be worn. All unsafe acts and conditions, including "near miss" incidents, regardless of their nature, shall be promptly reported to your **IMMEDIATE** supervisor. All incidents that result in property damage or personal injury shall be reported to a supervisor **IMMEDIATELY**. First Aid treatment is to either be administered or obtained promptly for any injury. **ALL** work shall be carried out in accordance with appropriate safe work practices and job procedures in accordance with your supervisor's direction. **EVERY** worker shall keep his/her work area clean and orderly at all times. Employees have the right to refuse any work in an unsafe environment. If at any time an employee feels they are in such a situation, they shall cease working and contact their supervisor immediately. In case of an accident resulting in injury, A Helping Hand will expect the worker engaged in the occupation to be administered a drug and alcohol test to ensure that this is not a factor contributing to the accident _____(initial)

I HEREBY DECALARE ALL ID AND INFORMATION ARE CORRECT AND WILL BE SUBJECTED TO VERIFICATION. I ALSO UNDERSTAND A HELPING HAND WILL NOT BE HELD LIABLE FOR ANY PENALTY OR LACK OF PAYMENT THAT MAY ARISE DUE FALSE OR MISLEADING INFORMATION PROVIDED HEREIN

SIGNATURE _____