Western Development Museum
Corporate Office
2935 Lorne Avenue
Saskatoon, SK S7J 0S5
P: 306-934-1400
W: wdm.ca

Change of Payroll Information

Date: _____

Employee Name: _____

Check all that apply: ☐ Name Change ☐ Address or Phone Number Change

☐ Emergency Contact Change ☐ Bank Account Information Change

Note: If you are covered under WDM health & dental benefits and have a change to your dependant or beneficiary information, please submit an updated Canada Life Group Coverage Change Form and a Health Enrollment Change Form – Green Shield/Morneau. These forms can be found at the following link: www.wdm.ca/hr/wellness

Name Information

New Legal Name: _____

Address or Phone Number Change

New Phone Number: _____

New Address: _____
Street City/Province Postal Code

Emergency Contact Change

Contact Name: _____

Address: _____
Street City/Province Postal Code

Phone Number: _____ Relationship: _____

Bank Account Information Change

Account Number: _____

Routing Number: _____ Institution Number: _____

Note: Please also attach a direct deposit form or void cheque

_____ _____
Signature Date