

# 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:	
Signature of Employee:	
Please enclose <u>void cheque</u> 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) :        /        /	Payroll Effected (mm/dd/yyyy) :        /        /
Salary: \$                    per pay <b>OR</b> \$                    per hour	Standard hours per pay(see note 3)                    or hours per week
House Allowance: \$                    per pay	Manse Allowance (Rental value): \$                    per pay
Vacation Pay <sup>④</sup> (Payable per pay): \$                    or                    % per pay	<b>OR</b> (Accrued): \$                    or                    % 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"/>	
Ministers' Pension Plan    Yes    % <input type="checkbox"/> No <input type="checkbox"/> <b>Please contact payroll department for package</b>	
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 ( <u>voided cheque attached</u> ②)
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. Other than those who are receiving the hourly rates with variable hours, this "Standard Hours" box must be completed, including those employees with a fixed salary. If you put per week we will calculate "Standard hours per pay" (24 pays per year)
4. According to Labour Act, vacation pay has to be paid to all hourly paid employees.