



## DIRECT DEPOSIT APPLICATION

The Teamsters' National Benefit Plan (the "Plan") is now able to offer direct deposit for all eligible Benefit Plan claim payments. If you wish to engage in the direct deposit process, please complete the Direct Deposit Application below. If we do not receive your request, the Plan will continue to process your benefit claim payment in the usual manner by way of cheque and Canada Post.

**(Must be completed in full)**

Plan Member Name: \_\_\_\_\_

Plan Member ID Number: \_\_\_\_\_  
**(as shown on your prescription medication card)**

Plan Member Address: \_\_\_\_\_

Plan Member Phone Number: \_\_\_\_\_

Plan Member Email Address: \_\_\_\_\_

**Banking Information - Must be accompanied by Authorization Form for Direct Deposit (which can be provided by your financial institution) or void cheque. Please ensure the member's name is clearly visible on the account information.**

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Institution Number: \_\_\_\_\_

Transit/Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby:

- (i) request and authorize the Plan to deposit eligible claim payments to the aforementioned account;
- (ii) consent to receiving any information in respect of such deposits, including statements, electronically (instead of paper copies) at the email address provided above (or such other email address as I may later provide to the Plan);
- (iii) consent to the collection, use and disclosure of the personal information requested on this form by the Plan (and its agents) for the purpose of processing such deposits; and
- (iv) agree that any deposit made in error must be returned to the Plan and may be offset from any other payment due to me from the Plan.

Date: \_\_\_\_\_ Plan Member Signature: \_\_\_\_\_