TEAMSTERS' NATIONAL
Pension Plan • Benefit Plan

DIRECT DEPOSIT APPLICATION

(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 a void cheque or Authorization for Direct Deposit form provided by your financial institution upon which the member is clearly identified as an account holder.

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: _____

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