



**Claims Direct Deposit Authorization Form
(Electronic Funds Transfer)**

You may choose to have claims payments from The Benefits Trust deposited directly to your bank account. To set up this convenient process, complete this form and return it with a "void" cheque to The Benefits Trust.

Employee Information

Employee Name (as shown for banking purposes):

Employer Name: _____

Contract or Group No: _____ Certificate No: _____

Attach "void" cheque

I authorize The Benefits Trust to deposit all future claims payments directly to the account shown on the attached "void" cheque. I understand that any change to this authorization must be submitted in writing.

Signature: _____ Date: _____

Return the completed form by scanned email, by mail or by fax with a "void" cheque. Please contact our office with any questions.

The Benefits Trust
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Vaughan, Ontario L4L 4G9
Email: claims@thebenefitstrust.com
Fax: 905-264-1123

Phone: 416-498-7723 or 905-264-8990
Toll Free: 800-487-2993

For internal use only EFT Processed: _____
