



**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. Explanations of benefits will be sent by email to the address provided on this form. **Please print clearly.** 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):

Employee Email: _____

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 mail, email, or fax with a "void" cheque. Please contact our office with questions.

The Benefits Trust
3800 Steeles Avenue West, Suite 102W
Vaughan, Ontario L4L 4G9

Phone: 905-264-8990
Toll Free: 800-487-2993

Fax: 905-264-1123
Email: claims@thebenefitstrust.com

For internal use only
EFT Processed: _____