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 or a direct deposit printout from your financial institution 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 or direct deposit printout from your financial institution.

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

Signature (Type Full Name): _____ Date: _____

Return the completed form by mail, email, or fax with a "void" cheque or direct deposit printout from your financial institution. Please contact our office with questions.

The Benefits Trust
111 Hwy 20 East #3, P.O. Box 41, Fonthill, Ontario
L0S 1E3

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

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

For internal use only

EFT Processed: _____