



UA LOCAL 787 HEALTH AND VACATION PAY PLAN

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

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INITIAL REQUEST

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CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME:

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

SOCIAL INSURANCE NUMBER:

(THE USE OF THIS IS PROTECTED BY THE PLAN'S PRIVACY POLICY)

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REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, please enclose a void cheque with this request AND complete the information below.
In both cases, please sign the authorization.

DEPOSIT TO (BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

BRANCH NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

As the beneficiary paid under my Health Plan, I hereby authorize UA Local 787 Health Trust Fund to deposit these sums in my bank account, whose particulars appear above, or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with the request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me.

This authorization, which takes effect on date below, is valid for all the other active bank accounts in this or any other financial institution that I may name in the future.

Member's Signature _____

Date: (DD/MM/YYYY) _____ / _____ / _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Check off the box that corresponds to the address where you want to receive your notifications. Please select only ONE email address.

Work	Email Address: _____
Home	Email Address: _____

Please mail completed Direct Deposit and E-Notification Request Form and Void Cheque to the Plan Administration Office in the enclosed postage paid envelope.

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. This Personal Information may be disclosed to Trustees, Auditors, Regulatory Authorities and others as necessary for Plan administration. Questions about the Plan's Privacy Policy should be directed to the Recording Secretary, UA Local 787 Health Trust Fund, 2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1
Telephone: (905) 946-2220 Toll Free: (866) 946-2220