



Claims Direct Deposit Authorization Form
(Electronic Funds Transfer)

Claims payments from The Benefits Trust are 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
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For internal use only
EFT Processed: