



DIRECT DEPOSIT APPLICATION FORM

MAIL COMPLETED FORM TO:

UA Local 740
Benefits Office
P.O. Box 156
Mount Pearl, NL A1N 2C2



Plan Member Identification

Surname

First Name

Certificate Number

Telephone Number

Email Notification: Complete to receive email notification of payment.

Email Address

Bank Account Information

For **CHEQUING ACCOUNTS**, please securely attach a voided cheque to form.

For **NON-CHEQUING ACCOUNTS**, please have your banking institution attach a statement of banking information.

John Doe
123 Avenue Road
Any City, Any Province
Z9Z 1Z1

EXAMPLE

Pay to the order of _____ \$ _____ 20 ____

void

Memo _____ /100 Dollars

#12121...020# 001234567890**

Acknowledgement

Confidentiality of plan member information is of utmost importance to the Board of Trustees of the U A Local 740 Benefit Trust Fund and its Plan Administrator and we are committed to the highest standard of information privacy.

The Plan Administrator is not liable for misdirected, intercepted or altered e-mail communications arising from the inherent risks associated with e-mail.

I **authorize** the Plan Administrator to credit the bank account noted above. I understand that it is my responsibility to keep my bank account and contact information up-to-date. I will advise the Plan Administrator of any change to this information to avoid pre-authorized payment and notification errors.

Authorized Signature(s) of Plan Participant

Date

Questions? Call: 709-747-2249, ext 308 or email lwells@ualocal740.ca

Administration Department Use Only