

# APPLICATION FOR EFT (CAD) DIRECT DEPOSIT

Send to: LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2  
P: 416.240.7487 | F: 416.240.7488 | w: [www.liunacare183.com](http://www.liunacare183.com) | e: [info@liunacare183.com](mailto:info@liunacare183.com)

## A. Member Information (Please Print)

First Name		Last Name	
Address		Date of Birth (mm/dd/yy)	
City	Province	Postal Code	
Union ID		Country	
Email Address		Telephone No.	
		Cell No.	

## B. Account Information

Account Holder Name(s):			
Transit No:	Bank No:	Account No:	

☐ New Authorization

☐ Change to Existing Authorization

## C. Authorization

I/We Acknowledge that this agreement is provided for the Benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process credits into the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, I/We request my/our benefits to be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us. I/We warrant and guarantee that the Person(s) whose signature(s) is/are required to sign on the Account have signed the Agreement.

**Note: If only one signature is required for this account, then only one Payee is needed to sign. However, if two or more signatures are required, then both or all payees *must* sign.**

Payee Signature: \_\_\_\_\_

Payee (2) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to [info@liunacare183.com](mailto:info@liunacare183.com)