

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 | e: info@liunacare183.com

A. Member Information (Please Print)

Last Name		First Name		Gender	Male	Female
Address				Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code		Country		
Member Advantage Benefit Card ID Number (last 10 digits)				Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address				Phone #		
Martial Status	Married Common-Law	Single Separated	Divorced Widow	Cell #		

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