



A Introduction

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ABCDEFGH

Direct deposits (also known as Electronic Fund Transfer or EFT) help you have faster access to your funds and save you the trouble of waiting for mailed cheques and the trips to the banking machine or the bank to deposit them.

This form is used to

- request OEBAC to deposit payments directly into your bank account and also to
- request OEBAC to change of the bank account in which your payments should be deposited

Note that you can instruct us to use a different bank account for each of these three different types of payments:

- All Claims related to medical, drugs, dental, and legal expenses
- Long Term Disability payments
- Pension Payments

When you fill in the banking section, please be very clear on which account will be used for which type of payment. A blank line will be interpreted as “no change” or “not applicable” (the latter may be the case if you are not receiving disability or pension payments).

Please attach to this form either a VOID cheque or a bank printout of a void cheque for each bank account defined in Section C. If any discrepancies are found between Section B and the attachments, no change to the form of payment will be made.

B Plan Member’s information

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Full Name		From your OEBAC Benefits Card	
		Group #: <input type="checkbox"/> 793 <input type="checkbox"/> 793X	
Phone #		Certificate #:	
Social Security Number		Or, from your IUOE Local 793 Card	
		Registration #:	

C Bank information

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Payment Types	Bank Name	Banking Institution Code (3 digits)	Transit Number (5 digits)	Account Number (7 or more digits)
Claims (Medical, Drugs, Dental and Legal)				
Long Term Disability Payments				
Pension Payments				

D Signature

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By signing below,

- I solemnly declare that the information provided on this form is accurate to the best of my knowledge.
- I instruct OEBAC to deposit my Claims, Disability Benefits, and Pension payments due to me into the corresponding account(s) described in Section B of this form.
- I also consent to the release to the IUOE Local 793 and their appointed administrators of any personal information requested in respect of this application.

Name of Plan Member	Signature of Plan Member	Date (yyyy-mm-dd)
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Staple this form and all the attachments and mail them to

OEBAC
2201 Speers Rd., Unit 1
Oakville, ON L6L 2X9

or

Scan this form and the requested attachments (both sides if required) and email to
info@oebac.org