



MAIL COMPLETED FORM TO:
 Manion Wilkins & Associates Ltd.
 500-21 Four Seasons Place
 Toronto, ON M9B 0A5
 c/o Group Benefit Services

DIRECT DEPOSIT APPLICATION FORM

Plan Member Identification

<input type="text"/>		<input type="text"/>	
Surname		First Name	
<input type="text"/>		<input type="text"/>	
Telephone Number		Certificate/Identification Number	
<input type="text"/>		<input type="text"/>	
Address		Plan Name or Group Number	
<input type="text"/>		<input type="text"/>	
City, Town, or Village		Province	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

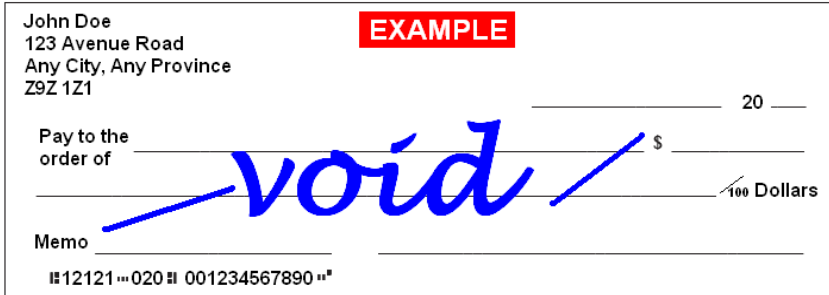
Email Notification: Complete to receive email notification of payment of health and dental claims.
 If no email is provided, notifications will be mailed out.

Email Address

Bank Account Information

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

For SAVINGS ACCOUNTS, please have your banking institution attach a statement of banking information.



Acknowledgement

Confidentiality of plan member information is of utmost importance to Manion Wilkins and Associates Ltd. (Manion) we are committed to the highest standard of information privacy. Visit our Privacy Policy at <http://www.manionwilkins.com> for more information.

Manion is not liable for misdirected, intercepted or altered e-mail communications arising from no fault of Manion staff, but from the inherent risks associated with sending this document to Manion via e-mail.

I authorize Manion Wilkins & Associates Ltd. 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 Manion of any change to this information to avoid pre-authorized payment and notification errors.

Signature of Plan Participant

Date

Questions? Call: 416-234-3511 or 1 866-532-8999; Email: askadmin@manionwilkins.com

Administration Department Use Only