Retiree Plans

group

JG21-JG

DIRECT DEPOSIT AUTHORIZATION / REQUEST FOR PRE-AUTHORIZED PAYMENT

Please indicate your Firm & Certificate #

Firm #	Certificate #

Certificate Holder's Name ______________________________

COMPLETE THE APPLICABLE SECTIONS TO CHANGE YOUR FINANCIAL INSTITUTION ACCOUNT INFORMATION

☐ DIRECT DEPOSIT AUTHORIZATION

[illegible] **IMPORTANT: Send this completed form to us along with a sample cheque marked "VOID". Without a sample cheque, we do not have the account codes we need to make direct deposits on your behalf.**

Financial Institution Account Information

Account Number ______________________________ Transit Number ______________________________

Financial Institution ______________________________

Branch Address ______________________________

Authorized Signature ______________________________ Date ______________________________

[illegible] **I have attached a sample cheque, marked "VOID", to provide the Financial Institution details necessary for direct deposit.** [illegible]

☐ REQUEST FOR PRE-AUTHORIZED PAYMENT

Financial Institution Account Information

Account Number ______________________________ Transit Number ______________________________

Financial Institution ______________________________

Branch Address ______________________________

Authorized Signature ______________________________ Date ______________________________

THE ACCOUNT YOU CHOOSE MUST HAVE CHEQUING PRIVILEGES.

[illegible] **I have attached a sample cheque, marked "VOID" to verify the necessary Financial Institution account details.** [illegible]

Certificate Holder's Signature ______________________________ Date ______________________________

NATIONAL SERVICE CENTRE
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