



**Sheet Metal Workers Local Union 30
Welfare Plan**
45 McIntosh Drive, Markham, Ontario L3R 8C7

DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

INITIAL REQUEST

CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, please enclose a void cheque with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

BRANCH NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

As the beneficiary paid under my Welfare Plan, I hereby authorize Sheet Metal Workers Local Union 30 Welfare Trust Fund to deposit these sums in my bank account, whose particulars appear above, or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with the request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me.

This authorization, which takes effect on date below, is valid for all the other active bank accounts in this or any other financial institution that I may name in the future.

Member's Signature _____

Date: (DD/MM/YYYY) ____/____/____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Fill in the section that corresponds to the address where you want to receive your notifications. Please select only ONE email address.

Work	Email Address: _____
Home	Email Address: _____

Please mail completed Direct Deposit and E-Notification Request and Void Cheque to the Plan Administration Office in the enclosed postage paid envelope.

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. This Personal Information may be disclosed to Trustees, Auditors, Regulatory Authorities and others as necessary for Plan administration. Questions about the Plan's Privacy Policy should be directed to the Recording Secretary, Sheet Metal Workers Local Union 30 Health and Welfare Trust Fund, 45 McIntosh Drive, Markham, Ontario, L3R 8C7, Telephone: (905) 946-9700 Toll Free: (800) 263-3564