

## Direct Deposit Authorization for biweekly payments

A direct deposit is a pre-authorized electronic deposit of biweekly payments into your bank account. Please attach a voided cheque for the account you wish to have payments direct deposited to, or, have your financial institution complete the *Banking Information* section of this form. The *Banking Information* section may only be completed by an authorized representative of your financial institution.

Please allow two to three weeks for your authorization to take effect. If you are changing accounts, we recommend that you keep your existing account open until a benefit payment has been successfully deposited to your new account.

	P	lease Print Clearly in INK			
A. Plan Member Info	rmation				
Last name	First name	Middle initial	Member ID #		
Mailing address	Cit	ty/town	Province Posta	al code	
Social Insurance Number (SIN)	Telephone	е	-		
B. Banking Informati	on				
If you do not have a voided		tach Void Cheque Her		ete the following:	
Bank name	Bank address	Bank address		Bank telephone number	
Branch number		Institution number	Account N	umber	
Name and signature of authorized	d bank representative				
C. Member Authoriza	ntion				
I hereby authorize <i>The Wi</i> indicated on the attached v			osit my biweekly paymer	nts into the bank accor	
Member's signature		Date			
WCEBP.CA T 204 986 2516   F 204 986 3571   WCEBP@WIN 5th Floor – 317 donald street   Winnipeg. I					