

As a pensioner (or a beneficiary receiving payments), I authorize the fund to electronically deposit my monthly pension payments directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office. I also understand my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

Name of Institution		
Address		
City	Province	Postal Code
Name(s) of Account Holder(s)		
Account No.	Bank No.	Bank Transit No.

* **Please attach a VOIDED cheque if funds are to be deposited into a chequing account.**

If you require assistance providing the required information with respect to your bank account, please contact your financial institution.

Date

Social Insurance Number

Signature of Pensioner or Beneficiary receiving payments

Please return this form, with your original signature to:

Ellement Consulting Group
1050-11150 Jasper Ave NW
Edmonton AB T5K 0C7

Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca