Pre-Authorized Withdrawal Form for Direct/Self Pay

Teamsters and Toronto Ready-Mix Producers' Benefit Plan Trust Fund

Member Information

Last Name	First Name		Certificate Number
Mailing Address	**City**	**Province**	**Postal Code**
Phone Number	**Email Address**		**Date of Birth**
			Month Day Year

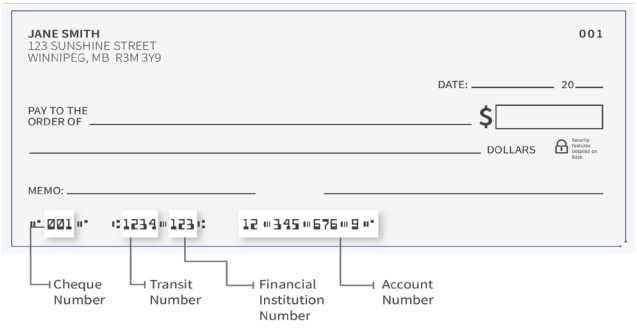
Account Information

Name of Financial Institution

Transit #
5 digits

Institution #
3 digits

Account #
maximum 12 digits



☐ **Mandatory: I have enclosed a VOID cheque or an authorization form from my financial institution**
Important: Line of credit cheques or US accounts are not accepted

Member Authorization

I authorize Ellement Consulting Group on behalf of the Teamsters and Toronto Ready-Mix Producers' Benefit Plan Trust Fund, and the financial institution designated (or any other financial institution I may authorize at any time) to debit my account indicated above monthly and/or as one-time payments from time to time, for payment of all charges arising under my account with the Teamsters and Toronto Ready-Mix Producers' Benefit Plan Trust Fund. I understand that regular monthly payments for the full amount will be debited from my 1st day of each month.

I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any pre-authorized payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

This authority is to remain in effect until the Teamsters and Toronto Ready-Mix Producers' Benefit Plan Trust Fund has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I understand that the Pre-Authorized Payment Plan may be terminated by Ellement Consulting Group at any time without notice. I agree that a photocopy or electronic copy of this form is as valid as the original.

Privacy Statement: Ellement Consulting Group will collect, use, maintain and disclose communicate only the personal information considered necessary for the administration of the plan. Personal information will be protected pursuant to the relevant legislation. The plan may use and exchange information with the relevant persons and/or organizations such as, but not limited to: Institutions, Government Agencies, Investigating Agencies, the Union, Trustees, Companies affiliated with Ellement Consulting Group, Insurers, Re-Insurers, Auditors, and Regulators to manage the plan and entitlement to the benefits of the plan. Questions related to the privacy policy should be directed to our Privacy Officer by mail, or by email at privacy@ellement.ca .

Member Signature ***(must be in ink)*** **Date Signed**

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

Fax: 780.452.5388
Email: teamsters230@ellement.ca

Tel: 365.363.7578 | 1.866.488.9135