



IUPAT Local 177 Welfare Trust Fund
Electronic Funds Transfer
Authorization for Claim Payments

MEMBER INFORMATION						59315
Member Last Name:		Member First Name:			Certificate Number:	
Address:		Apt.	City:	Province:	Postal Code:	
Phone:	Fax:		E-mail:			
Change of Address (Include written confirmation of address, including previous address)						
BANK INFORMATION						
Name of Financial Institution:						
Street Address:		Unit/Floor:	City:	Province:	Postal Code:	
Phone:	Fax:		E-mail:			

*** A VOIDED CHEQUE IS REQUIRED ***

APPLICATIONS SUBMITTED WITHOUT A VOIDED CHEQUE WILL BE RETURNED

AUTHORIZATION	
I, _____ (Member's Name) hereby authorize and direct Ellement to have payment for my processed claims electronically deposited in my bank account of which details appear on the attached voided cheque and the financial institution named above. This authorization is to remain in full force and effect until Ellement has received written authorization from me of its termination or change in such time and manner as to give Ellement a reasonable opportunity to act on it. The banking information submitted on this form will be used by Ellement solely for the purposes of facilitating Electronic Funds Transfer payments. In accordance with the authorization provided above, Ellement will use this method for any and all eligible claims and/or payments made on behalf of Ellement in respect to any and all payees. I understand that Ellement has no further obligation regarding the benefits paid in accordance with this request. I also understand that Ellement can, without prior notice, terminate the direct deposit of benefits and issue cheques to me. Also, I grant Ellement the right to correct any credit entries resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. Privacy Statement: Ellement will collect, maintain and 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 (Institutions, Investigating Agencies, the Union, Trustees, 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 the Fund Office.	
Member Name (Please Print)	Date:
Member Signature	City, Province

Ellement Consulting Group
1050-11150 Jasper Ave NW, Edmonton, AB T5K 0C7
Toll Free: 1 (800) 770-2998
Email: painters@ellement.ca
www.paintersbenefits.ca