

## Electronic Deposit

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 by mail to:	Ellement Consulting Group 10154 108 Street NW Edmonton AB T5J 1L3
	Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca