Electrical Workers' Benefits Plan ALBERTA

PROVIDER REQUEST

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CLAIM PAYMENTS

☐ First Request ☐ Update Request

PROVIDER INFORMATION				
Last Name:	**First Name:**		**Provider Registration Number:**	
Company Name:				
Address:	**Apt.**	**City:**	**Province:**	**Postal Code:**
Phone:	**Alternate Phone:**	**E-mail:**		

BANK INFORMATION – CANADIAN FINANCIAL INSTITUTION ONLY				
Name of Financial Institution:				
Street Address:	**Unit/Floor:**	**City:**	**Province:**	**Postal Code:**
Phone:	**Fax:**	**E-mail:**		

☐ **HAVE YOU ENCLOSED A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION? APPLICATION WILL NOT BE PROCESSED WITHOUT THIS DOCUMENTATION.**

AUTHORIZATION

I, (Provider's Name) hereby authorize and direct the Electrical Industry Insurance Benefit Trust Fund of Alberta (EIIBTFA) to have payment for my assigned claims electronically deposited with the financial institution named above and in accordance with the account details listed on the void cheque or direct deposit form provided.

This authorization is to remain in full force and effect until the Electrical Industry Insurance Benefit Trust Fund of Alberta has received written authorization from me of its termination or change. I understand the Electrical Industry Insurance Benefit Trust Fund of Alberta may, without prior notice, terminate the direct deposit of claim payments and issue cheques to me.

I acknowledge the Electrical Industry Insurance Benefit Trust Fund of Alberta has the right to correct any credit entries resulting from an erroneous overpayment by debiting the account listed to the extent of such overpayment. I agree that the above-noted account belongs to me even if it is a joint (and not individual) account or even if it is a business account in which case I have the required authority.

The information indicated on this form is confidential and will be used solely for the purpose of depositing your payments directly into your bank account. The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act, Personal Information Protection and Electronic Documents Act or equivalent provincial legislation.

Provider Name (Please Print)	**Date:**
Provider Signature (in ink)	**City, Province**