
AUTHORIZATION FOR DIRECT DEPOSIT

Complete this authorization, identifying the bank account you want to use to receive benefit payments directly from Maximum Benefit. The account *must* have chequing privileges. Send this completed form to us along with a sample cheque marked “VOID”.

Without a sample cheque, we do not have the banking codes we need to make direct deposits on your behalf.

Firm/Company Name _____ Firm/Division # _____

Employee's Full Name _____ Certificate # _____

Address _____

Apartment/Street

City / Town

Province/Territory

Postal Code

I authorize Maximum Benefit to deposit benefits payable to me to the account I have elected. I can cancel this authorization at any time by writing to the Maximum Benefit National Service Centre.

I have attached a sample cheque, marked “VOID”, to provide the banking details necessary for direct deposit. I understand that Maximum Benefit will mail an Explanation of Benefits statement to me explaining how each direct deposit amount has been calculated.

Employee's Signature _____ Date _____

PLEASE ATTACH A SAMPLE CHEQUE, MARKED “VOID”