



ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FOR CLAIM PAYMENTS

Initial Update

MEMBER INFORMATION

Member Last Name:		Member First Name:		Certificate / SIN 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 Funds Administrative Service Inc. 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 Funds Administrative Service Inc. has received written authorization from me of its termination or change in such time and manner as to give Funds Administrative Service Inc. a reasonable opportunity to act on it.

The banking information submitted on this form will be used by FAS solely for the purposes of facilitating Electronic Funds Transfer payments. In accordance with the authorization provided above, FAS will use this method for any and all eligible claims and/or payments made on behalf of FAS in respect to any and all payees.

I understand that Funds Administrative Service Inc. has no further obligation with regard to the benefits paid in accordance with this request. I also understand that Funds Administrative Service Inc. can, without prior notice, terminate the direct deposit of benefits and issue cheques to me. Also, I grant Funds Administrative Service Inc. the right to correct any credit entries resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Privacy Statement: Funds Administrative Service Inc. 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) in order 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	

Please mail form with a voided cheque to:

Funds Administrative Service Inc.

10154 – 108 Street, NW
Edmonton, AB, T5J 1L3



Funds Administrative Service Inc.

10154 – 108 Street, NW
Edmonton, AB, T5J 1L3

Toll Free - 1-800-770-2998

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