

Direct Deposit Form



Direct deposit will be used for reimbursement of your Health and Dental claims not processed using your pay-direct Benefit Card, to ensure that your payments are made directly into your bank account.

As an alternative to updating your direct deposit information in your online profile, you can submit this form along with a voided cheque or direct deposit form from your bank. We can usually begin your direct deposit payments 2-3 business days after receiving your request.

Most chartered banks, trust companies, credit unions and treasury branches facilitate direct deposit. You should verify with your financial institution to make sure you can receive payment into the account selected below. If necessary, your financial institution can help you complete this form.

You can change or cancel your direct deposit at any time by informing us in writing or updating your online profile on insulators110.pbas.ca. It can take up to 3-5 business days to process your request, Please make note of this when changing or deleting your bank account information.

Before the payment has been deposited into your account, you will receive an email detailing the payment. This is called an Explanation of Benefits.

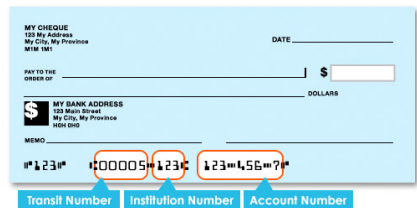
Bank Account Information

Member First Name	Member Last Name	Member ID/Certificate
Transit Number (5 Digits)	Institution Number (3 Digits)	Bank Account Number (7 Digits to 12 Digits)
Email Address for Explanation of Benefits (EOB)		

All sections on this form are mandatory and must be completed in full prior to submitting the form. Please fax, scan, or forward the completed form to PBAS to the address listed below.

46 Hopewell Way NE Suite 101
 Calgary, AB, T3J 5H7
 Phone: 1-866-659-9378
 Email: Insulators110@pbas.ca

Sample:



Declaration of Consent

I understand that PBAS collects and uses the above personal information to set up direct deposit service with my financial institution to deposit claim reimbursements (when applicable) into my bank account. It is necessary for PBAS to disclose some or all of the above personal information to their financial institution for these purposes. I understand why the information is required and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I, hereby, consent to the collection, use and disclosure of my personal information as described above. This consent may be revoked at any time. I declare that the information in this application is complete, accurate and true.

Date	Signature of Member	Telephone Number