



MAIL COMPLETED FORM TO:
Manion Wilkins & Associates Ltd.
500-21 Four Seasons Place
Etobicoke, ON M9B 0A5
c/o Administration

Plan Member Identification

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Certificate/Employee Number
<input type="text"/>	IUEC Local 50 Insurance Trust Fund	
Telephone Number	Plan Name	

Email Notification: Complete if you would like email notification of payment, otherwise notification will be mailed

Email Address

Bank Account Information

For **CHEQUING ACCOUNTS**, please securely attach a voided cheque to form.

For **NON-CHEQUING ACCOUNTS**, please have your banking institution attach a statement of banking information.

John Doe 123 Avenue Road Any City, Any Province Z9Z 1Z1	EXAMPLE	_____ 20 ____
Pay to the order of _____	<i>void</i>	\$ _____
Memo _____		100 Dollars
#12121 ...020 # 001234567890 **		

Acknowledgement

Confidentiality of plan member information is of utmost importance to Manion Wilkins and we are committed to the highest standard of information privacy. Visit our Privacy Policy at <http://www.manionwilkins.com> for more information.

Manion Wilkins is not liable for misdirected, intercepted or altered e-mail communications arising from no fault of Manion Wilkins staff, but from the inherent risks associated with e-mail.

I **authorize** Manion Wilkins to credit the bank account noted above. I understand that it is my responsibility to keep my bank account and contact information up-to-date. I will advise Manion Wilkins of any change to this information to avoid pre-authorized payment and notification errors.

Authorized Signature(s) of Plan Participant

Date

Questions? Call: 416- 234-3511 or 1 866-532-8999; Email info@manionwilkins.com

Administration Department Use Only