



Electrical Industry Insurance Benefit Trust Fund of Alberta
4211 – 95 Street NW, Edmonton, Alberta T6E 5R6
Phone: (780) 465-2882 Toll Free 1-800-268-3649
Fax: (780) 465-0808 Email: claims@ebfa.ca

Self-Payment PAD Banking Information Change

The following information is provided to the Electrical Industry Insurance Benefit Trust Fund of Alberta on a confidential basis in order to facilitate automatic withdrawal of Self-Payments from my/our bank account. I acknowledge that this form must be received in the Fund Office 10 business days prior to the next withdrawal date.

I wish to have my monthly Self-Payments withdrawn from the following account (please check one).

Form with checkboxes for Personal Chequing Account, Joint Chequing Account, Personal Savings Account, and Joint Savings Account.

Please attach a "Void" cheque or have the next 3 sections completed by a bank representative.

Account Information (To be completed by a bank representative).

Form for Account Information with input boxes for Branch Number, Transit Number, and Account Number.

Bank Address and Phone Number (To be completed by a bank representative).

Form for Bank Address and Phone Number with input boxes for Name of Bank, Address, and Phone Number.

Bank Verification (To be completed by a bank representative).

Form for Bank Verification with input boxes for Name of Representative (print), Signature of Representative, and Date (Month, Day, Year).

Attachment

I enclose a personalized void cheque of the account.

Form with checkboxes for Yes, I have attached a void cheque and No, the banking details are as above.

Plan Member Signature

Form for Plan Member Signature with input boxes for Plan Member Name, Date, EBFA Stakeholder #, and Signature.

Account Holder Signature (if not the Plan Member)

Form for Account Holder Signature with input boxes for Name, Date, and Signature.

Joint Account Holder Signature

Form for Joint Account Holder Signature with input boxes for Name, Date, and Signature.