



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

DIRECT DEPOSIT APPLICATION FORM

Plan Member Identification

<input type="text"/>		<input type="text"/>	
Surname		First Name	
<input type="text"/>		<input type="text"/>	
Telephone Number		Plan Name or Group Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, Town, or Village	Province	Postal Code

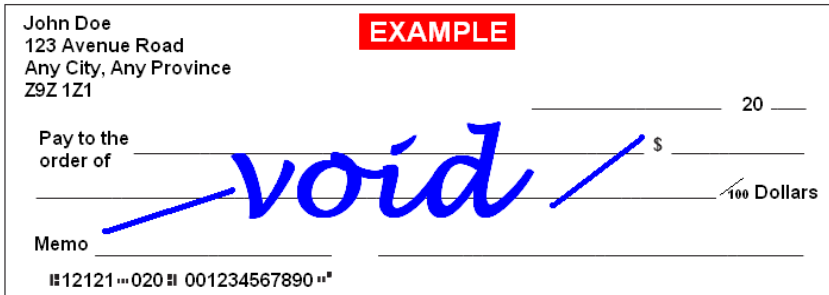
Email Notification: Complete to receive email notification of payment of health and dental claims.
 If no email is provided, notifications will be available to view and print using MWAOnline.

Email Address

Bank Account Information

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

For SAVINGS ACCOUNTS, please have your banking institution attach a statement of banking information.



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 & Associates Ltd. 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 & Associates Ltd. 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.

Signature of Plan Participant

Date

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

Administration Department Use Only