

Pre-Authorized Electronic Funds Transfer

PLEASE COMPLETE IN FULL. PROBENEFITS INC. WILL NOT SET UP ELECTRONIC FUNDS TRANSFER IF THIS FORM IS INCOMPLETE OR MISSING INFORMATION.

ACCOUNT HOLDER NAME (please print) _____

ADDRESS: _____
STREET _____ EMPLOYER/COMPANY NAME _____
CITY _____ PROVINCE _____ GROUP NO. _____
POSTAL CODE _____ CERT NO. _____

TELEPHONE NUMBER _____

I hereby authorize **PROBENEFITS INC.** to initiate a credit to my account by method of Electronic Funds

Transfer beginning _____ / _____ .
MONTH YEAR

BANK ROUTE NO. _____ BANK TRANSIT NO. _____ ACCOUNT NO. _____
(ALL NUMBERS **MUST** BE PROVIDED)

NAME OF BANK: _____

BANK ADDRESS: _____
STREET _____
CITY _____ PROVINCE _____
POSTAL CODE _____

NOTE: If your credit is to a chequing account, please attached a **VOID** cheque or **direct deposit authorization**. Please do not write on the magnetic encoding found on the bottom of your cheque.

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by **ProBenefits Inc.** that may arise from my failure to immediately advise **ProBenefits Inc.** of any change, for any reason, to my bank account number or address from the bank, from the foregoing information.

ACCOUNT HOLDER SIGNATURE _____ DATE OF SIGNATURE _____

FOR ADMINISTRATION OFFICE USE ONLY.



ProBenefits Inc.

employer benefit solutions

Accepted by and on behalf of the _____

this _____ day of _____, 20 _____

#8 4402 37 Street Stony Plain AB T7Z 2A9
P. 780 963 5230 F. 780 963 0982 Toll Free. 800 375 3360

PLAN ADMINISTRATOR