



**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**

Surname

First Name

Certificate/Identification Number

Telephone Number

Plan Name or Group Number

Address

City, Town, or Village

Province

Postal Code

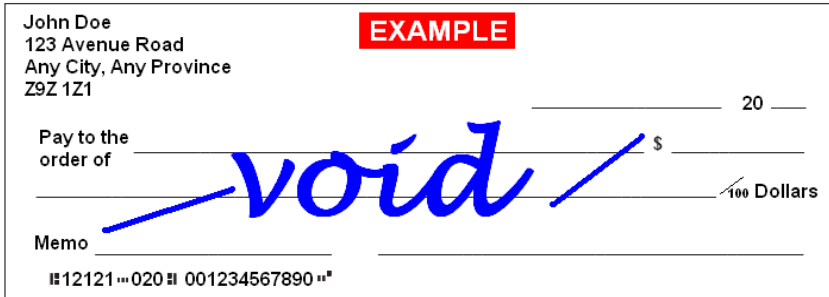
**Email Notification:** Complete to receive email notification of payment of health and dental claims.  
 If no email is provided, notifications will be available to view and print using MWAOnline.

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](mailto:info@manionwilkins.com)

**Administration Department Use Only**

