

APPLICATION FOR DIRECT DEPOSIT OF GROUP BENEFIT PAYMENTS



Brock University Students' Union

BENEFITS OF DIRECT DEPOSIT

Direct Deposit of Group Benefit Payments (otherwise known as Electronic Funds Transfer or 'EFT') allows RWAM to deposit your approved benefit payments (Extended Health Care and/or Dental) directly into your personal/joint bank account.

A corresponding Explanation of Benefits ('EOB') statement will be sent to you, explaining the benefit payment.

Advantages of this convenient service include:

- ▶ Quick, safe and confidential
- ▶ Eliminates risk of lost or delayed benefit cheques
- ▶ Convenient, no extra trips to the bank
- ▶ Less paper, environmentally friendly

Either complete this form or register on the Plan Member Services site and apply for direct deposit at the StudentWise website.

STUDENT & BANKING INFORMATION

Student Name _____ Group # 490007 Brock University Students' Union
Student # _____

Attach Your Personal Account Cheque Marked "VOID"

Send my EOB to my personal e-mail address* at _____

Note: If email address is not provided, Explanation of Benefits will be mailed to BUSU Health & Dental Plan Office)

Return this form and your VOID cheque by mail or fax to:

RWAM Group Administration Department
49 Industrial Drive
Elmira, ON N3B 3B1
Fax: (519) 669-1923

If a void cheque is not included, complete the following:

Name(s) of Account Holder _____

Name & Address of Financial Institution _____

Bank # _____ Branch # _____ Account # _____

NOTES:

- ▶ You must be the sole or *joint* (generally jointly with your spouse) account holder & have signing authority.
- ▶ Applications for deposit to a third party's account will be rejected.

* **Disclaimer:** The transfer of any personal information by e-mail is not 100% secure. Your consent to transfer information by e-mail is given with this knowledge and understanding, and RWAM Insurance Administrators Inc. does not accept any responsibility for any interceptions of e-mails by unauthorized parties.

AUTHORIZATION

I hereby authorize RWAM Insurance Administrators Inc. to deposit Group Benefits (Extended Health, Dental and/or Disability) payments directly to my personal/joint bank account and to exchange my relevant financial information with my financial institution for such purposes. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Student Signature X _____ Date (yy/mm/dd) _____