

## DIRECT DEPOSIT ENROLLMENT FORM

Please fill in and return this form to the Union of National Employees with a cheque unsigned and marked VOID (for verification purposes).

I/We \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Local \_\_\_\_\_

### AUTHORIZE

Union of National Employees

900 - 150 Isabella Street, Ottawa, Ontario K1S 1V7

TO CREDIT OUR ACCOUNT ACCOUNT NUMBER \_\_\_\_\_

Held at \_\_\_\_\_ (Name of Financial Institution)

Branch Address \_\_\_\_\_ Transit No. \_\_\_\_\_

For the purpose of : **Direct deposit of claims cheque**

Signature \_\_\_\_\_ Date \_\_\_\_\_