

# Authorization for Automatic Funds Transfer / Direct Deposit

Alberta Sheet Metal Workers' Retirement Trust Fund

100, 8905 -51 Avenue Edmonton AB T6E 5J3

Phone: (780) 466-1999 Toll Free (Alberta Only): 1-800-642-3881 Fax: (780) 466-2095

*(Direct Deposit will be processed on the 25<sup>th</sup> of the month (or the Monday following if the 25<sup>th</sup> is a weekend)*

I, \_\_\_\_\_ of

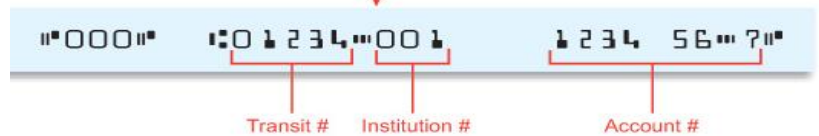
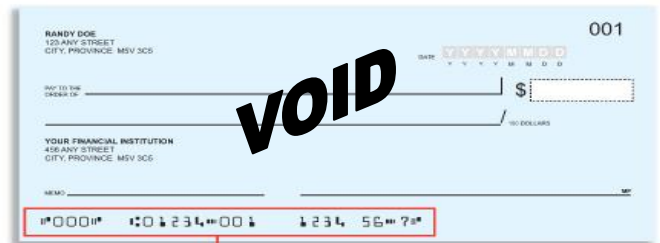
Please Print Name

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City Province Postal Code

\_\_\_\_\_  
Telephone Number

being a Member in receipt of pension income from the Alberta Sheet Metal Workers' Retirement Plan, authorize the crediting of my net monthly pension to my bank account by method of Automatic Funds Transfer.

**Note:** All foregoing numbers must be provided. If your deposit is to a chequing account, please attach a **VOID** cheque.



## Bank Information

Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Street

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

\_\_\_\_\_  
Telephone Number

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by the Alberta Sheet Metal Workers' Retirement Trust Fund that may arise from my failure to immediately advise Alberta Sheet Metal Workers' Retirement Trust Fund of any change, for any reason, to my bank account number or address of the bank, from the foregoing information.

\_\_\_\_\_  
Pensioner Member Signature

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

For Administration Office Use Only: *Accepted by and on behalf of the Alberta Sheet Metal Workers' Retirement Trust Fund*

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Wanda Hoyle, CEB, Plan Administrator

CRA 388603