

Form B - ERF/OPSEU Affiliated Members Personal Information Form

This form must be completed and submitted to OPSEU electronically or the ERF office in order to receive strike duties pay.

Contact Information *(all fields required to receive strike pay)*

Member's Name: _____	Address: _____
Local Number: ERF _____	Province: _____ Postal Code: _____
Sector/Division: <input type="checkbox"/> BPS	Phone Number: _____
Employer/Ministry: Peel District School Board	Non-Employer Email Address: _____

List of Dependants

	Dependants Full Name	Date of Birth (mm/dd/yy)	Relationship to Member
1			
2			
3			
4			

As per OPSEU policy 25, dependants are defined as a non-income earning spouse (excludes spouse on strike), children under 18 (under 26 if attending school), disabled and/or an elderly (65+) dependant).

ERF Member's Signature: _____ Date: _____
ERF Executive or Steward Signature: _____ Date: _____

Authorization of the information provided above requires both signatures and date.

Direct Deposit Agreement

I hereby authorize Ontario Public Service Employees Union (OPSEU) to initiate automatic deposits of my strike pay to my account at the financial institution named on the attached cheque or Direct Deposit form. Further, I agree not to hold OPSEU responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Account Information

Please attach a "VOID" cheque or a Direct Deposit form from your financial institution that includes the following information:

- Name of Financial Institution
- Address
- Bank ID
- Transit Number
- Account Number

I will notify OPSEU (claims@opseu.org) of any changes to my banking information or e-mail address.

Signature

I understand that I will receive strike pay by Direct Deposit and will be receiving an email from OPSEU about the deposit made on my behalf. OPSEU shall only use the information provided for the purpose of Direct Deposit. In order to be removed from any future Direct Deposit for expenses and advances after the strike, I will contact claims@opseu.org indicating so.

ERF Member Signature: _____ Date: _____