



Direct Deposit Agreement Form for Advances and Expenses

Contact information

First name: _____ Last name: _____

Local #: _____ Union #: _____

Secure email: _____

Note: Cannot be your employer's email.

Authorization agreement

I hereby authorize Ontario Public Service Employees Union (OPSEU/SEFPO) to initiate automatic deposits of my expense and advance claim(s) to my account at the financial institution named below.

Further, I agree not to hold OPSEU/SEFPO 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.

I will inform OPSEU/SEFPO Membership Services Unit in writing of any changes to the banking information and/or secure email address via claims@opseu.org.

Signature

I understand that I will no longer be receiving cheques and will be receiving Direct Deposit payments and an e-mail outlining the deposit made on my behalf from OPSEU/SEFPO.

Member
Signature _____

Date: (mm/dd/yyyy) _____

Please attach a void cheque or DD enrollment form from your bank for processing.

Where to send:

Membership Services Unit,
Ontario Public Service Employees Union,
100 Lesmill Road, Toronto, Ontario M3B 3P8