



# APPLICATION FOR ELECTRONIC DEPOSIT OF EXTENDED HEALTH AND DENTAL BENEFIT PAYMENTS

## INFORMATION

Electronic deposit of funds allows RWAM Insurance Administrators Inc. to deposit your Dental / Extended Health / Vision / Health Spending Account Benefits payments directly to your bank, trust company or credit union account.

We hope you find this service convenient as your claims payment will automatically appear in your account each time a claim is submitted and approved. A corresponding Explanation of Benefit (E.O.B.) letter will be mailed to you explaining the benefit payment, or if you prefer, this explanation of benefit can be e-mailed to you. Please indicate how you would like to receive your E.O.B. and include e-mail address, if desired.

With this service you avoid mailing delays, lost or stolen cheques.

To have your claims benefit payment deposited electronically, simply complete this form and return it to us along with a personalized cheque marked "VOID".

If your banking information changes, we require at least 3 weeks notice to avoid any delay in your payment.

Please return this form and your void cheque to:

**RWAM Insurance Administrators Inc.**  
Group Administration Department  
49 Industrial Drive  
Elmira, ON N3B 3B1

Or fax the form and voided cheque to (519) 669-1923

## AUTHORIZATION

### RWAM Insurance Administrators Inc. – Company Privacy Statement

RWAM Insurance Administrators Inc. is committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or discloses in the necessary conduct of our business.

### Authorization

I hereby authorize RWAM Insurance Administrators Inc. to deposit Extended Health / Dental payments directly to my 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.

Employee Name _____	Employer Name _____
Group # _____ Certificate # _____	Financial Institution _____
Home Address _____	Branch Address _____

I would like my E.O.B. sent to my: Home address  E-mail address  (indicate e-mail address) \_\_\_\_\_

**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.

Employee Signature   X   \_\_\_\_\_ Date (yy/mm/dd) \_\_\_\_\_  
Please include a personal cheque marked "VOID".

## BANKING VERIFICATION

If a void cheque is not included, please have the following completed by your financial institution.

Bank # _____	Branch # _____	Account # _____
Name(s) of Account Holder _____		
Signature of Branch Officer <u>  X  </u> _____	Date (yy/mm/dd) _____	
Title _____	Branch Phone #(including extension) _____	