

SHORT TERM DISABILITY DIRECT DEPOSIT FORM

To eliminate the possibility of lost or delayed cheques through the mail, complete this form for automatic, electronic deposit directly into the bank account of your choice.

Please provide your bank information below and include a voided cheque or a bank deposit slip.

If you have questions, please contact Laura Landstra at 1.877.274.8796 ext 230 or laura.landstra@cebteam.org.

Step 1: DIRECT DEPOSIT INFORMATION

I authorize the Christian Education Health Plan to initiate the direct deposit of my Short-Term Disability payments to:

Bank Name: _____

Bank Address: _____

Phone Number: (____) _____

If you aren't sure about the following information, please leave blank.

Bank Information _____
Trans-Branch #5 digits Bank# 3 digits Bank Account Number 7 or more digits

Print Name: _____ Date: _____

Signature: _____ Phone: _____

Step 2: INCLUDE A VOIDED CHEQUE or BANK DEPOSIT SLIP

Option 1 (preferred): Scan this form and a voided cheque/deposit slip and send via email.
 See email address above.

Option 2: Send this form and a voided cheque or deposit slip via postal service. (See address above).