



MAIL COMPLETED FORM TO:
Manion Wilkins & Associates Ltd.
500-21 Four Seasons Place
Etobicoke, ON M9B 0A5
c/o Administration

Plan Member Identification

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Certificate/Employee Number
<input type="text"/>	<input type="text" value="Millwright Regional Council of Ontario Benefit Trust Funds"/>	
Telephone Number	Plan Name	

Email Notification: Complete if you would like email notification of payment, otherwise notification will be mailed

<input type="text"/>
Email Address

Bank Account Information

For CHEQUING ACCOUNTS, please securely attach a voided cheque to form.

For NON-CHEQUING ACCOUNTS, please have your banking institution attach a statement of banking information.

John Doe 123 Avenue Road Any City, Any Province Z9Z 1Z1	EXAMPLE
Pay to the order of	20
<i>void</i>	\$
Memo	100 Dollars
#12121...020# 001234567890**	

Acknowledgement

Confidentiality of plan member information is of utmost importance to Manion Wilkins and we are committed to the highest standard of information privacy. Visit our Privacy Policy at <http://www.manionwilkins.com> for more information.

Manion Wilkins is not liable for misdirected, intercepted or altered e-mail communications arising from no fault of Manion Wilkins staff, but from the inherent risks associated with e-mail.

I authorize Manion Wilkins to credit the bank account noted above. I understand that it is my responsibility to keep my bank account and contact information up-to-date. I will advise Manion Wilkins of any change to this information to avoid pre-authorized payment and notification errors.

<input type="text"/>	<input type="text"/>
Authorized Signature(s) of Plan Participant	Date

Questions? Call: 416- 234-3511 or 1 866-532-8999; Email info@manionwilkins.com

Administration Department Use Only

<input type="text"/>
