



- eSignature option:** Certificate of Completion must accompany this form.
- Handwritten option:** Complete in ink, with any corrections initialed. A copy should be kept for your records and is considered as valid as the original.
- Send completed form to:** [csr-groupadmin@rwam.com](mailto:csr-groupadmin@rwam.com) or mail to RWAM at address noted below.

Direct Deposit of Group Benefit Payments (otherwise known as Electronic Funds Transfer or 'EFT') allows RWAM to deposit your approved benefit payments directly into your personal or joint bank account (your name must be on the account).

RWAM will email you an Explanation of Benefits (EOB) statement after receiving your submitted claims, indicating the benefit payment and/or decision.

		Group #	Div.	Class	Certificate
Employee	Last Name		First Name		
Personal e-mail address for Explanation of Benefits (EOB)					
Financial Institution					
Address					
#, Street		City, Prov.			
Branch/Transit #	5 digits	Financial Institution #	3 digits	Account #	

If account # starts with '0', be sure to include it. Do not use dashes, hyphens, or any other punctuation.



NOTE:

- If you do not have cheques and are unfamiliar with how to complete the above, contact your financial institution to make sure you are providing RWAM with the correct information.
- Inaccurate or missing information can result in delays or errors.
- You must be the sole or joint (generally jointly with your spouse) account holder at a Canadian financial institution and have signing authority.
- Applications for deposit to a third party's account will not be accepted.
- Paper (non-electronic) submissions can include a Direct Deposit form (obtained from your financial institution) or a cheque marked 'void' to validate account numbers.

AUTHORIZATION

I hereby authorize RWAM Insurance Administrators Inc. to deposit Group Benefits (Extended Health, Dental and/or Disability) payments directly to my personal/joint bank account and to exchange my relevant financial information with my financial institution for such purposes. I authorize correspondence with me through the email address indicated above. I understand such correspondence may contain personal information and that the information is being sent in a manner that is not guaranteed as a secured means of communication. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Employee Signature	<input type="text"/>	Date	<input type="text"/>
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RWAM Insurance Administrators Inc. is committed to protecting the privacy, confidentiality, accuracy, and security of personal information it collects, uses, retains, or exchanges in the necessary conduct of our business.