



SHEPP

SASKATCHEWAN HEALTHCARE
EMPLOYEES' PENSION PLAN

201 - 4581 Parliament Ave.
Regina, SK S4W 0G3
Phone 306.751.8300
Toll-Free 1.866.394.4440
Fax 306.751.8301
E-mail sheppinfo@shepp.ca
Website www.shepp.ca

Direct Deposit Authorisation

FOR OFFICE USE ONLY: 006

CASE ID: _____

1 Personal Information

Member Information

Name _____ First Name _____ Middle Name _____ Last Name _____ Member ID # _____
Date of Birth _____ (dd/mm/yyyy) Phone _____ (###) ###-#### E-mail _____

2 Authorisation

I authorise SHEPP to deposit my payment directly into my Canadian account as noted on the attached cheque/deposit form.
I agree that any payment paid in error are funds to be returned to SHEPP.

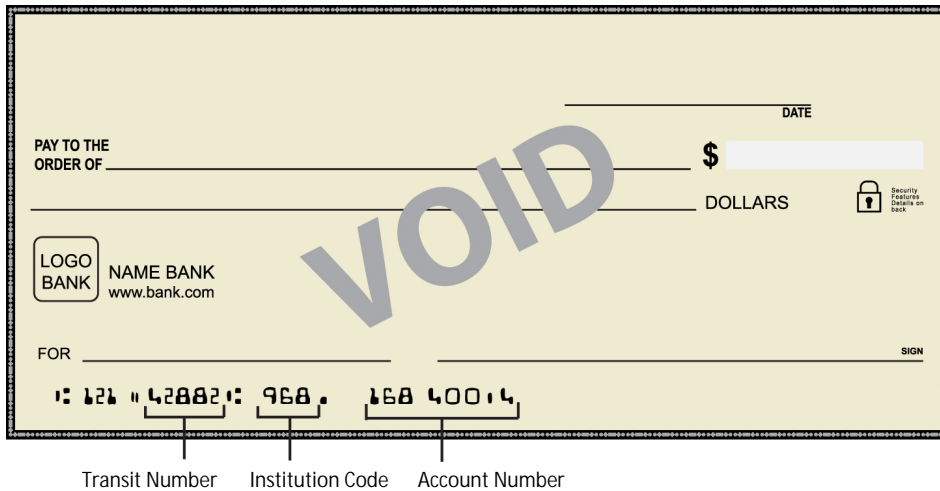
Please attach a personalised cheque marked "VOID", or a fully encoded deposit slip. If you do not have a personalised cheque or a deposit slip, please complete the following information (you may have to contact your financial institution to get this information).

Name of Financial Institution _____

Address _____

City _____ Province _____ Postal Code _____

Transit Number _____ 5-digit number Institution Code _____ 3-digit number Account Number _____



Member Signature _____ Date _____ (dd/mm/yyyy)