

Direct Deposit Authorization



SHEPP
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1 Personal Information

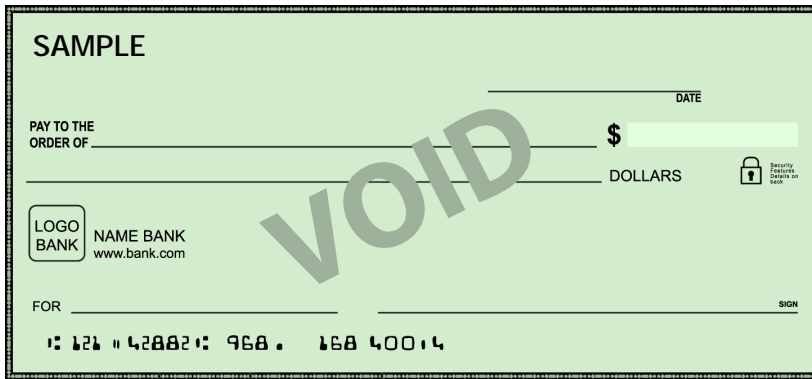
FORM ID: 006 CASE ID: _____

Member Information

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

2 Financial Institution Information

Please complete and sign this form and submit it to SHEPP **along with either** a personal cheque marked "VOID" or a completed/authorized direct deposit form from your financial institution.



3 Authorization

I authorize 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.

Member Signature

Date (dd/mm/yyyy)

Instructions

- ✓ Submit this form to SHEPP
- ✓ Keep a copy for your files

SHEPP recognizes and respects the importance of your privacy. Personal information collected is used for the purpose of administering your benefits under the Plan.

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