AGA BENEFIT SOLUTIONS

FAST AND EFFECTIVE …

Without mail float
Without inconvenience resulting from a postal strike, and also...
No hassle, if you forgot to inform us of any change to your mailing address!

This is a simple, fast and efficient way to receive your benefit reimbursement directly into your bank account. You can consult the detail of your reimbursements on the member's portal. You can even print out a copy if necessary.

To take advantage of this service, you must complete and sign the section below "Application for direct deposit".

For information, please contact one of our customer service agents, at the following numbers: 514-935-5444 or 1-800-363-6217.

Complete the form below and you're done!

APPLICATION FOR DIRECT DEPOSIT

Group/Division No. : _____   Insured/Certificate No. : _____

Last name : _____   First name : _____

Address : _____

Postal code : _____   Telephone No. : _____

It is the responsibility of the member to ensure the accuracy of the banking information entered on this form. If banking information is incorrect, please note that AGA cannot be held responsible for amounts not received by the member.
If you prefer, you can also attach a voided cheque.

Bank or Institution name : _____

Branch address : _____

City : _____   Province : _____   Postal code : _____

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Transit   Institution   Account number

Branch/Transit No.   Bank/Institution No.
(max. 4 digits)   Account/Folio No.
(min. 7 digits)

AUTHORIZATION

I hereby authorize AGA FINANCIAL GROUP INC. (AGA BENEFIT SOLUTIONS) to deposit, on the insurer's behalf, my Health and Dental insurance benefits and my Weekly Indemnity benefits (if applicable) into my bank account as identified in this document. I can cancel this service at any time by sending a written notice to AGA and AGA may at any time discontinue the direct deposit service.

Signature : _____   Date (Y / M / D): _____

(Please allow a 4 weeks period for the processing of your request)