

CINUP is pleased to offer insureds the opportunity to have their health and dental benefit payments paid directly into their bank accounts. Once you authorize this service, we'll deposit benefits directly into the account of your choice, then send you the Explanation of Benefits statement, describing how the amount was calculated.

To register, fill out the *Direct Deposit Authorization* below. Please complete the form and return it to us **with a cheque marked "VOID"** to provide us with the details of your financial institution and the account you wish to use. You can cancel this authorization at any time. If you change financial institutions or accounts, please remember you must re-register and provide a new sample cheque for us to re-direct future benefit payments. You may also register for direct deposit or change your banking information by logging into your account at my-benefits.ca

If you have questions, feel free to call CINUP Customer Care Centre at 1-800-665-1234.

DIRECT DEPOSIT	AUTHORIZATION		
INSURED'S INFO	RMATION		
First and Last Name			Firm Number
Full Mailing Address			Certificate Number
Home Mailing Addre	SS	Phone ()	
City	Province	Postal Code	
•	NUP to deposit my benefit pay PLEASE A (If you do not hav	ATTACH A SAMPLE CHEQUE of cheques, please provide a statem name, bank number, transit/brance	OSIT system, into my account at the financial institution , MARKED "VOID" nent or letter from your bank
such deposits shall co	nstitute an amount paid in acco	ordance with this authorization.	ntified as "CINUP Group Benefits" and I acknowledge that
Signature of			Date
You can cancel this authorization at any time by writing to CINUP. Return the completed form to:			

Direct Deposit Clerk
CINUP, 1051 King Edward Street, Winnipeg, MB R3H 0R4
Telephone 1-800-665-1234 | FAX 1-877-786-3889
Email eebenefits@cinup.com