

# Use Pre-authorized deposit (PAD) to send claim payments directly to your bank account

Pre-authorized deposit (PAD), or direct deposit, lets your claim payments be deposited *directly* into your bank account. Instead of receiving a claim cheque in the mail, you will receive an itemized payment summary. If you provide us with your email address, your deposit can also be confirmed by email. Deposits will be made within two to five working days following the approval of your claim.

**CONVENIENCE**

Pre-authorized deposit eliminates the possibility of lost or stolen cheques. Deposits are made directly to your bank or financial institution account.

Pre-authorized deposit can *only* be used to deposit money into your bank account. No money can be withdrawn from your account without your written consent.

**STATEMENT**

Your statement contains information outlining your reimbursement, deductibles, and amounts not reimbursed. It will be forwarded to your email address. If you do not have an email address, it will be forwarded to your address on file by regular mail.

**COMPLETE THE AUTHORIZATION FORM NOW**

Just complete the authorization form and include one of your personal cheques marked “VOID.” Return them to:

Coughlin & Associates Ltd.  
P.O. Box 764  
Winnipeg, MB R3C 2L4

**Tel.:** (204) 942-4438  
**Fax:** (204) 943-5998  
**Toll-free:** 1-888-204-1234  
[www.coughlin.ca](http://www.coughlin.ca)



UNION LOCAL OR EMPLOYER NAME		MEMBER NAME	
ADDRESS		CITY	PROVINCE
		POSTAL CODE	
EMPLOYEE IDENTIFICATION NUMBER	HOME TELEPHONE NUMBER	EMAIL	

Enter your personal banking information (as shown on the bottom left corner of your cheque) in the next three fields. Please use the sample cheque number pattern as a guide to completing this section. **NOTE:** cheque number is not required.

**Sample cheque number pattern:**

090 (Cheque #)	90999 (Transit #)	099 (Bank code #)	0090099 (Account #)
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I have enclosed a **MANDATORY** “VOID” cheque. **NOTE:** Line of credit cheques or US accounts can **NOT** be accepted.

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Transit # (5 digits)

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Bank code # (3 digits)

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Account # (maximum 12 digits)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (YEAR/MONTH/DAY)

I authorize Coughlin & Associates Ltd. to credit my account indicated above. The Pre-authorized deposit plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice. **Deposits will be made within two to five working days following the approval of your claim. Your deposit will be confirmed by email.**

I authorize Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees; actuaries and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding my pension to which I am entitled. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

**Protecting your personal information** The administrator of your group benefits plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.