



THE DIRECT DEPOSIT REQUEST FORM

PLEASE PRINT

COMPANY NAME

EMPLOYEE NAME

INITIAL REQUEST INSTITUTION CODE

CHANGE IN BANKING INFORMATION TRANSIT NUMBER

CANCELLATION ACCOUNT NUMBER

BANKING INFORMATION

note: To ensure accuracy you must attach an ORIGINAL PERSONAL VOID CHEQUE

attach your PERSONAL VOID CHEQUE here
(absolutely no company cheques)

It is understood that:

- This banking information will be used solely for the purpose of depositing claim reimbursements.
- This information will be held in file of the company for which you are employed.
- **AVP Financial Corp.** reserves the right to pay employee reimbursements by cheque at any time.
- It is the sole responsibility of the employee to ensure the accuracy of the banking information provided above.
- Any subsequent changes in banking information must be reported in a timely fashion.
- **AVP Financial Corp.** may terminate payment by Direct Deposit without prior notice or authorization from the employee.

EMPLOYEE SIGNATURE

DATE

AVP Health & Welfare Trust
222, 855 - 42 Avenue S.E
Calgary AB T2G 1Y8

Questions ?

Call : 403.214.3213 or 888.214.3211
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