

# DIRECT DEPOSIT BENEFITS



## SECTION A: Service Provider & Banking Information

Please complete the following in order to have your group benefit reimbursements deposited electronically into your bank account. A void cheque must be attached for this request to be processed.

Service Provider Name		
Account Holder Name		
Unique Code	Email Address	
Dental Office Name		
Dental Office Address		
Bank Name		
Bank Address		
Bank ID	Branch Transit No.	Account No.
Account Holder Signature		

A 'VOID' cheque (for the account you would like funds deposited into) is attached

## SECTION D: Acknowledgement Agreement

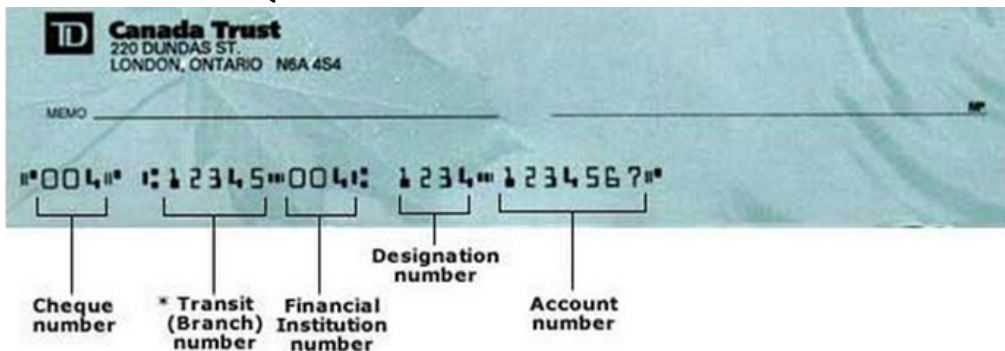
I authorize and direct Youngs-Ten Star Group Benefits Inc. to deposit future group health and dental reimbursements/payments as they come due using electronic funds transfer to the account/financial institution noted above. I am aware it is my responsibility to inform Youngs-Ten Star Group Benefits Inc. of any changes to the above.

I hereby certify that I have read and understand the terms and conditions above.

Signature:

Date: MM/DD/YYYY

### SAMPLE CHEQUE



Youngs-Ten Star Group Benefits Inc. is committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or exchanges in the necessary conduct of our business. Youngs-Ten Star's privacy policy can be viewed at [www.youngstenstar.ca/privacy](http://www.youngstenstar.ca/privacy)  
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