



OTIP Group Life and Disability Claims  
 125 Northfield Drive West  
 PO Box 218  
 Waterloo ON N2J 3Z9  
 1.800.267.6847  
 www.otip.com

## Direct Deposit for Your Disability Benefit Payments

Convenient, Secure, Free

OTIP's Direct Deposit service is a convenient, secure, **no-charge** way to deposit your disability benefit payments directly into your personal account at the financial institution of your choice. Direct Deposit can help make your money management more convenient and assures you receive your funds on time without disruptions or delays due to mail service.

### How will I know when the deposit has been made?

OTIP will continue to send you Explanation of Benefits statements that indicate when your benefit payments were deposited and inform you of any changes to the benefit amount. Payments are credited to your account on or before the due date (i.e., the last day of the month). Payments due on Saturday or Sunday will be credited to your account on Friday.

### What if I change my bank account?

Notify OTIP group life and disability claims in writing of your new account and include your long term disability claim number. Enclose a cheque marked "VOID" or provide your new account number and the name and address of your financial institution.

To enrol in OTIP's Direct Deposit service, complete the following form and return it to OTIP at the address above or by confidential fax to 519-888-6712 or 1-877-205-6847.

## Direct Deposit Authorization

### Long Term Disability Insurance

### Please print

Policy Number	Name of Insured Member	Claim Number
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I hereby request and authorize OTIP to deposit disability benefit payments into the following account. This authorization will remain in effect until cancelled by me in writing. I understand that I must notify OTIP's group life and disability claims department in writing if I change or close my account.

Effective \_\_\_\_\_, please deposit my disability benefit payments into the account indicated below.  
 (mm/dd/yyyy)

### Enclose a cheque marked "VOID" or ask your financial institution for the required bank identification.

Name of financial institution	Bank Number	Branch Number	Account Number
Branch address	Name(s) in which the account is held		
City	Province	Postal Code	

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Insured Member

\_\_\_\_\_  
 Signature(s) of Account Holder(s)  
 (if different than Insured Member)

Your banking information will be maintained securely and used for the purpose of electronically depositing your disability benefit payments into your account.

Note: For institutions within Canada only