Electronic Funds Transfer (EFT)
Direct Deposit Agreement

Please complete this EFT Direct Deposit Agreement and return it to:

Group Medical Services
Attn: Customer Support
2055 Albert Street
PO Box 1949
Regina, SK S4P 0E3

The original signed EFT Direct Deposit Agreement is required for an electronic funds transfer to be authorized.

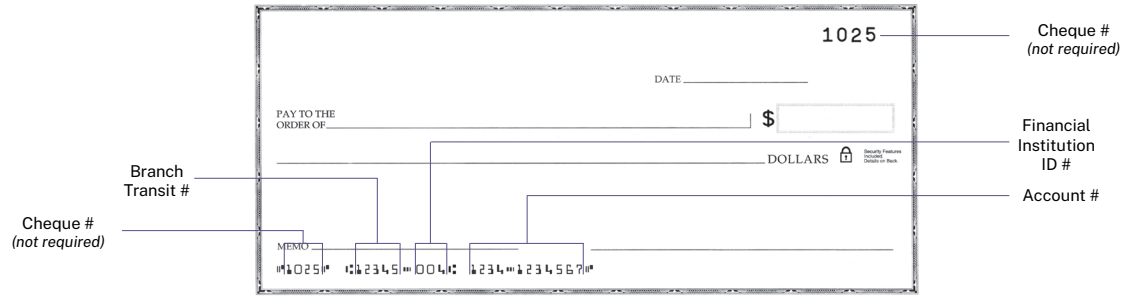
A. General Information

First Name	Last Name	Date of Birth *(DD/MM/YYYY)*

GMS ID No. *(if applicable)*	Group Plan No. *(if applicable)*

B. Account Information *(please include a void cheque with this agreement)*

Financial Institution Name	Address	
City	**Province**	**Postal Code**



Financial Institution ID Number	Branch Transit Number	Account Number
☐☐☐	☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account *(only Canadian accounts are acceptable)*	Is this a change to your agreement information? *If "Yes", please describe the reason for change.*
❑ Savings ❑ Chequing	❑ Yes ❑ No

C. Declaration

I hereby authorize Group Medical Services (GMS) to credit this account with claim payments* due from GMS until appropriate authority is received to indicate otherwise.

To ensure prompt payment(s), I will notify GMS of any changes to my banking information.

I hereby agree that I will promptly inform GMS of any payments made to my account in error and make arrangements with GMS for the earliest return or deduction of said funds.

**Claim payments for TravelStar®, Immigrants & Visitors to Canada and StudentPlan are issued by cheque.*

Signature of Account Holder	Date *(DD/MM/YYYY)*
X	

Name *(please print)*

Please Note: Attaching a void cheque, if available, will help ensure your banking information is entered into GMS' system correctly.