



OTIP RAE0®

**OTIP**

Group Life and Disability Claims  
125 Northfield Drive West  
Waterloo ON N2L 6K4

Tel: 1-800-267-6847 | Fax: 1-877-205-6847  
www.otip.com

# Direct Deposit for Disability Benefit Payments

OTIP's Direct Deposit service is a convenient, secure, no-charge way to deposit your disability benefit payments directly into your chequing/savings account. 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?

Long term disability (LTD) payments will be deposited into your banking account by the end of each month. The deposit will appear in your account either as **OTIP** or **OTIP/RAEO**. If there are any re-calculations to your LTD payments, an explanation of benefits or an electronic fund transfer (EFT) statement will be sent to you at that time.

### 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 this form and return it to OTIP at the address above or by confidential fax to 1-877-205-6847.

## MEMBER INFORMATION

Name: First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

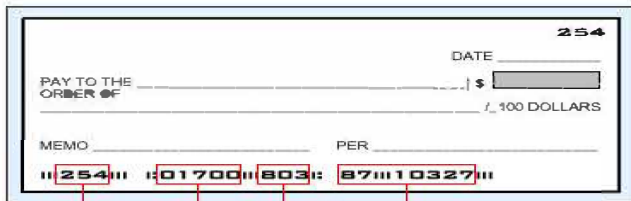
Claim Number: (if known) \_\_\_\_\_

## FINANCIAL ACCOUNT INFORMATION AND AUTHORIZATION

### Authorization:

I hereby request and authorize the Trustees of the Ontario Teachers Insurance Plan and OTIP/RAEO Benefits Incorporated ("OTIP") to deposit long term disability benefit payments into the account below. This authorization will remain in effect until cancelled by me in writing. I understand that I must notify OTIP Group Life and Disability Claims in writing if I change or close my account. Your financial information will be maintained securely and used for the purpose of electronically depositing your disability benefit payments into your account. (NOTE: For Canadian financial institutions only.)

**Enclose a cheque marked "VOID" or contact your financial institution for the required account information below.**



Transit Number \_\_\_\_\_

Financial Institution Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  Chequing  Savings

Signature of Account holder(s) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_