NHRIPP
NURSING HOMES AND RELATED INDUSTRIES PENSION PLAN

REQUEST FOR ELECTRONIC FUNDS TRANSFER OF PENSION PAYMENT/ JOINT ACCOUNTS

Please choose one: ☐ New ☐ Change/Update of Information

EMPLOYEE INFORMATION

Member ID No.	Name of Pension Plan

Last Name	First Name

Address

City	Province	Postal Code

Email Address

FINANCIAL INSTITUTION INFORMATION

I hereby authorize and direct Nursing Homes and Related Industries Pension Plan to deposit any and all future pension payments on the due date to my account using electronic funds transfer at the following financial institution:

Financial Institution Name

Account No.	Account Type

Please provide a sample cheque marked void or have your financial institution complete the following section:

Inst. No.	Branch No.	Account No.

Address

City	Province	Postal Code

Branch Verification:	Authorized Branch Signature	Date MM / DD / YYYY

CERTIFICATION

I certify that the information given on this form is correct and that I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by Nursing Homes and Related Industries Pension Plan.

Sign here:_____   Date:_____

InBenefits | 310-105 Commerce Valley Drive West, Markham, ON L3T 7W3
Phone: 905-889-6200 (Option 2) | **Toll-free:** 1-800-287-4816 | **www.nhripp.ca**

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