

Direct Deposit Request For Solutions Claims

Employer Name _____

First Name _____ Last Name _____

Solutions Plan Member Number _____

E-mail Address _____

Bank Transit # _____ Bank Number _____ Account # _____

I hereby authorize Imax Financial Services Ltd. to deposit my Solutions claim payments electronically into my personal bank account as per information provided. I will notify Imax Financial via e-mail in the event I change my account to ensure correct deposits.

Signed on _____ X _____
mm/dd/yyyy Please sign above and print your name next to it

Please copy your voided cheque in the space below to ensure accuracy and e-mail the completed form to our office at imax@shaw.ca for entry in our RBC on-line banking.

Void Cheque