

# Pre-authorized **DEPOSIT** (PAD) form FOR PLAN MEMBER

## Use Pre-authorized deposit (PAD) to send claim payments directly to your bank account

Pre-authorized deposit (PAD), or direct deposit, lets your claim payments be deposited directly into your bank account. Your deposit will be confirmed by email and your Explanation of Benefits (EOB) will be available on the Plan Member Portal. Deposits will be made within two to five working days following the approval of your claim.

### CONVENIENCE

Pre-authorized deposit eliminates the possibility of lost or stolen cheques. Deposits are made directly to your bank or financial institution account.

Pre-authorized deposit can only be used to deposit money into your bank account. No money can be withdrawn from your account without your written consent.

### EXPLANATION OF BENEFITS (EOB)

Your EOB contains information outlining your reimbursement, deductibles, and amounts not reimbursed. Following the adjudication of your claim, your EOB will be available on the Plan Member Portal.

### COMPLETE THE AUTHORIZATION FORM

Complete the authorization form and include one of your personal cheques marked "VOID." If you do not have a cheque, please provide an authorization form from your financial institution and send it to:

Coughlin & Associates Ltd.  
P.O. Box 764  
Winnipeg, MB R3C 2L4

**Tel.:** (204) 942-4438 | **Fax:** (204) 943-5998

**Toll-free:** 1-888-204-1234

**Website:** [www.coughlin.ca](http://www.coughlin.ca)

**Email:** [winnwebmaster@coughlin.ca](mailto:winnwebmaster@coughlin.ca)



UNION LOCAL OR EMPLOYER NAME		MEMBER NAME			
ADDRESS		CITY	PROVINCE	POSTAL CODE	
MEMBER IDENTIFICATION NUMBER	HOME TELEPHONE NUMBER	EMAIL			

Enter your personal banking information in the next three fields. Please use the sample cheque number pattern as a guide to completing this section.  
NOTE: cheque number is not required.

**Sample cheque number pattern:**

090 (Cheque #)	90999 (Transit #)	099 (Bank code #)	0090099 (Account #)
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I have enclosed a MANDATORY "VOID" cheque or an authorization form from my financial institution. Note: Line of credit cheques or US accounts can NOT be accepted.

Transit # (5 digits)	Bank code # (3 digits)	Account # (maximum 12 digits)
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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE (YYYY/MM/DD)**

I authorize Coughlin & Associates Ltd. to credit my account indicated above. The Pre-authorized deposit plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice. Deposits will be made within two to five working days following the approval of your claim. Your deposit will be confirmed by email.

I authorize Coughlin & Associates Ltd. ("Coughlin") to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union and auditors; and the plan administrator Coughlin for the purposes of group benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

**Protecting your personal information** Coughlin & Associates Ltd. recognizes and respects every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. We use the information to administer the group benefit plans. Your information is kept in a secure environment. We limit access to any party normally recognized by law and accepted privacy guidelines (i.e., PIPEDA; the courts; somebody you authorize; etc).