

Safety Course Benefit Application

Full name: _____ UA #: _____
Last First

Address: _____ Phone: _____
Street address Apt/Unit #
 _____ Email: _____
City Prov. Postal Code

Please select the safety courses you are submitting:

- Confined Space
- Mobile Elevated Work Platform
- Fall Protection
- Respirator Half Mask Fit Test (Qty: _____)
- Common Safety Orientation
- Other (please specify) _____

Please select your preferred method of payment:

To make receiving your payments faster and more convenient, we strongly recommend setting up EFT (direct deposit). This method ensures that your funds are deposited directly into your bank account, reducing the risk of delays and eliminating the possibility of cheques getting lost in the mail.

- EFT (Direct Deposit)
- CHEQUE

EFT - MUST SIGN AUTHORIZATION FORM (PAGE 2) AND ENCLOSE VOID CHEQUE OR DIRECT DEPOSIT FORM FROM BANK

OFFICE USE ONLY

Date Reviewed: _____	<input type="checkbox"/> CSE: _____ \$ _____
Dues in Good Standing? Yes or No	<input type="checkbox"/> MEP: _____ \$ _____
Approved? Yes or No	<input type="checkbox"/> FP: _____ \$ _____
If declined, what is the reason? _____ _____	<input type="checkbox"/> FT: _____ \$ _____
	<input type="checkbox"/> CSO: _____ \$ _____
	<input type="checkbox"/> Other _____: _____ \$ _____
Reviewed by: _____	TOTAL AMOUNT: \$ _____

EDMONTON PIPE TRADES EDUCATIONAL TRUST FUND

16120-118 Avenue, Edmonton, Alberta T5V 1C6

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT TRANSFER

INITIAL REQUEST CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME:

UNION
CARD
NUMBER:

EMAIL
ADDRESS:

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, **PLEASE ENCLOSE A VOID CHEQUE** with this request AND complete the information below.

In both cases, please sign the authorization.

DEPOSIT TO (NAME OF BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

Branch Number

Institution Number

Account Number

AUTHORIZATION:

I authorize the Edmonton Pipe Trades Trust Fund and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules, and practices of CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Edmonton Pipe Trades Educational Trust Fund and be bound by this authorization until the Edmonton Pipe Trades Educational Trust Fund has had reasonable time to act on the notice. Edmonton Pipe Trades Educational Trust Fund and/or ATB may terminate this authorization by providing me with ten (10) days' notice. I undertake to inform Edmonton Pipe Trades Educational Trust Fund within five (5) days of any changes to branch, account, and institution number while this authorization is in effect.

SIGNATURE _____

Date:(MM/DD/YYYY) _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED FOR DIRECT DEPOSIT