



Allendale Centre East
 Suite 301, 6104-104 Street NW
 Edmonton | Alberta | T6H 2K7
 Phone: 1-877-431-4786
 www.asebp.ca

AUTOMATIC DIRECT DEPOSIT

To inform ASEBP of a change to the bank account from which your monthly premium payments are made, please complete a **Direct Withdrawal of Premium Payments form (ASEBP 039)**.

Direct deposit will be used for spending accounts, Extended Disability Benefits, or general health benefit claims payments (if applicable) made to you by ASEBP. Direct deposit ensures that payment is made directly into your bank account and provides:

- faster and safer service than mailing a cheque to you
- protection from delays during postal disruptions
- automatic deposits to your bank account if you are away from home

Most chartered banks, trust companies, credit unions and treasury branches participate in direct deposit. You should check with your financial institution to make sure it can receive payment into the account selected below. The financial institution's personnel will help you complete this form if necessary.

If there is a change in the amount of benefit payment, notification will be sent to your home address.

Please forward the **completed** form to ASEBP at the address below or fax to 780-438-5304.

**ASEBP
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You can also change your banking information using My ASEBP. You can access My ASEBP from our website, www.asebp.ca, by clicking on the My ASEBP Login button. If you don't have a My ASEBP account, visit our website, www.asebp.ca, and click on the "Register Now" button. You will need your ASEBP ID number and section code (found on your ASEBP ID card) to register.

PERSONAL INFORMATION (Please print)

Last name:	First name:	ASEBP ID number:
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Mailing address:

City/Town:	Province:	Postal code:
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Please select the appropriate option:

I have attached a cheque marked "VOID" or a direct deposit form from my financial institution

Please use banking information already on file at ASEBP

I have updated my banking information online using My ASEBP.

DECLARATION OF CONSENT

The Alberta School Employee Benefit Plan (ASEBP) collects and uses the above personal information to set up direct deposit service with your financial institution to deposit spending accounts, Extended Disability Benefits, or general health benefit claims payments (if applicable) into your bank account. It is necessary for ASEBP to disclose some or all of the above personal information to your financial institution and third party service providers for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

I understand why the information is required and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I hereby consent to the collection, use and disclosure of my personal information as described above. This consent may be revoked at any time. I acknowledge that doing so will affect my ability to receive payments from ASEBP.

I declare that my statements in this application are complete, accurate and true.

Signature: _____ Date: _____

Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the Personal Information Protection Act of Alberta and Schedule 1 of the federal Personal Information Protection Electronic Documents Act. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at www.asebp.ca/privacy, or contact the Privacy Officer at 780-438-5300.