



NORTHERN TRUST / UNIVERSITY OF WINDSOR

REQUEST FOR ELECTRONIC FUNDS TRANSFER OF PENSION PAYMENTS/JOINT ACCOUNTS

PENSIONER NO:	PENSION PLAN:	NEW CHANGE
LEGAL NAME: LAST	FIRST	INITIAL
ADDRESS		
CITY	PROVINCE	POSTAL CODE

I HEREBY AUTHORIZE AND DIRECT THE NORTHERN TRUST COMPANY TO DEPOSIT ANY AND ALL FUTURE PENSION PAYMENTS ON THE DUE DATE TO MY ACCOUNT USING ELECTRONIC FUNDS TRANSFER AT THE FOLLOWING INSTITUTION:

FINANCIAL INSTITUTION NAME:	
ACCOUNT NO:	ACCOUNT TYPE:

PLEASE PROVIDE A SAMPLE CHEQUE MARKED VOID OR HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE FOLLOWING SECTION:

THIS SECTION TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION		
INSTITUTION NO:	ACCOUNT NO:	BRANCH NO:
ADDRESS		
CITY	PROVINCE	POSTAL CODE
BRANCH VERIFICATION		
_____ AUTHORIZED BRANCH SIGNATURE		_____ DATE (YYYY/MM/DD)

ACKNOWLEDGMENT AND AGREEMENT

1. THAT ANY PAYMENTS MADE AFTER MY DEATH, OR PAID IN ERROR WHILE ALIVE, AND TRUST FUNDS TO BE HELD, IN TRUST, FOR THE BENEFIT OF THE ABOVE-CAPTIONED PENSION PLAN;
2. THAT I MUST NOTIFY MY EMPLOYER OF ANY CHANGE OF THE ABOVE ACCOUNT INFORMATION;
3. THAT I MAY REVOKE OR MODIFY THESE INSTRUCTIONS IN WRITING AT ANY TIME, TO BE EFFECTIVE UPON RECEIPT OF THE SAME BY NORTHERN TRUST.

SIGNATURE

DATE (YYYY/MM/DD)