



# LiUNA Local 1059 Benefit Trust

W.A. Health Inc. 149 Main St E, Hamilton ON L8N 1G4 (289) 768-3621 ● [claims@wahealth.ca](mailto:claims@wahealth.ca)

## ELECTRONIC CLAIMS PAYMENT SIGN UP FORM

Thank you for signing up for Electronic Claims Payment from W.A. Health. Please complete the following information and **attach your void cheque or direct deposit statement** and send to the Claims Department, W.A. Health, 149 Main St E, Hamilton, ON L8N 1G4.

Member's Name:
Member's Social Insurance No. or Certificate No.:
<b>Bank Account Information</b>
Type of account (chequing/Savings):
Financial Institution - Name:
Financial Institution - Transit #:
Account Number:

\_\_\_\_\_  
Signature

Date \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
Day Month Year