



LiUNA Local 1059 Benefit Trust

W.A. Health Inc. 149 Main St E, Hamilton ON L8N 1G4 Phone: (289) 768-3621

Email Form to: customerservice@wahealth.ca

ELECTRONIC CLAIMS PAYMENT SIGN UP FORM

Thank you for signing up for Electronic Claims Payment with W.A. Health.
Please complete the information below and include a void cheque or direct deposit statement.
Once completed, email the documents to customerservice@wahealth.ca

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

Signature

Date ____ | ____ | ____
Day Month Year