

## BANKING ACCOUNT CHANGE FORM

Retirees should send this form along **with A SAMPLE CHEQUE**.  
Fax these documents to **(514) 395-8773** or send them to BENEFITS ADMINISTRATOR at 700,  
de la Gauchetiere West street, Level C-01, Montreal, Quebec H3B 4L1.

Effective Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Residence Number: \_\_\_\_\_

**Please update the banking details in my employee file as follows:**

**Main Bank:**

Enrolment \_\_\_\_\_ Modification \_\_\_\_\_ Cancellation \_\_\_\_\_

Branch Transit # \_\_\_\_\_ (5 Digits) Institution # \_\_\_\_\_ (3 Digits)

Bank Account Number: \_\_\_\_\_

Name and Address of the Bank: \_\_\_\_\_

**(To be completed only if using 2 accounts):**

**Other Bank:**

Enrolment \_\_\_\_\_ Modification \_\_\_\_\_ Cancellation \_\_\_\_\_

Branch Transit # 00012 (5 Digits) Institution # 807 (3 Digits)

Bank Account Number: \_\_\_\_\_

Name and Address of the Bank: Comtech Credit Union

Amount to Deposit into this Account/Pay Period: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE: Please ensure that your payment has been deposited in your new account before closing the initial account.**