OPSSU Electronic Transfer Enrollment Form

Contact Information

Name: _____ Membership # _____

Home Address: _____ Apt/Unit #: _____

City: _____ Postal Code: _____ Phone #: _____

E-transfer Email: _____

In accordance with the OPSSU Constitution and Policy, I am opting in to receive advance and expense claim payments through electronic funds transfer from OPSSU.

Further, I agree to the following:

1. I shall keep OPSSU up to date with an email address, of my choosing, for the receipt of e-transfers.
2. Any changes I wish to make to my email address for receipt of e-transfer will be submitted on the OPSSU Electronic Transfer Enrollment form.
3. Any banking fees and charges associated with receiving e-transfers are my own responsibility and not transferable to OPSSU.
4. OPSSU is not liable for improper delivery of funds to my provided email address if such email is improperly linked to a financial institution not accessible to me nor if my email or banking information is compromised.
5. Deposited funds made through e-transfer are not traceable like a cheque and OPSSU holds no responsibility or liability to the funds once issued.
6. I shall continue to receive expense claims by e-transfer until such time as I submit my withdrawal in writing, following which I will receive expense reimbursement via cheque.

_____ _____

Signature Date Submitted

Please submit your signed and completed form to treasurer@opssu.ca