

Request

Initial request for direct deposit Request for bank account change Request to end direct deposit

Individual Statement

Policy n° :

Insured Statement

(please print)

Last name:

First name:

Home phone number: Business phone number:

Address:

(n°, street, apt)

City:

Province: Postal Code:

Banking Information

Please complete this section or attach a personalized void cheque to ensure that we obtain your accurate banking information.

Cheque Saving

Transit number: Branch number: Account number:

(all number)

Name of bank or financial institution:

Adresse of bank or financial institution:

City:

(n°, street, apt)

Province: Postal Code:

Authorization

I authorize Humania Assurance Inc., to credit all my benefit payments to the account mentioned on this form. I certify that information provided on this form is accurate, and I agree to inform Humania Assurance Inc., of any subsequent changes. I accept that this agreement may be cancelled at any time by either Humania Assurance, myself, in writing or verbally.

Insured signature: _____

Date: / /
year / month / day

Account holder signature:
(if other than insured) _____

Date : / /
year / month / day