

Initial request for direct deposit

 Request for bank account change for direct deposit

 Request to end direct deposit

I Insured statement <i>(please print)</i>			
Policy & sub-group no.	Certificate no.	Insured surname	Given name(s)
Telephone no <i>(day)</i>		Main residence address (no., street)	Apt.
City		Province	Postal Code
Financial institution name		Financial institution address	
II Type of bank <i>(please print)</i>			
<input type="checkbox"/> Chequing <input type="checkbox"/> Savings		Please complete this section and attach a personalized void cheque to ensure that we obtain your accurate banking information.	
Branch no. (5 digit number)	<input type="text"/>	Institution no. (3-4 digit number)	<input type="text"/>
		Account no.	(All numbers)
III Authorization			
I authorize Humania Assurance to credit all my benefit payments to the account mentioned on this form. I certify that the information provided on this form is accurate, and I agree to inform Humania Assurance 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	(YYYY/MM/DD)
Account holder signature <i>(if other than insured)</i>		Date	(YYYY/MM/DD)