

Initial request for direct deposit

 Request for bank account change for direct deposit

 Request to end direct deposit

**I Insured statement** *(please print)*

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** *(please print)*
 Chequing    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)
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**III Authorization**

I authorize Humania Assurance to credit all my benefit payments to the account mentioned on this form. I also authorize Humania Assurance to transfer my banking information to a third party, when this transfer is required for the payment of said insurance claims. 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)