

Request

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

Individual Statement

Please indicate all policy numbers for which the authorization is valid.

Policy n° :

Policy n° :

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

Humania Assurance Inc., 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6