



DIRECT DEPOSIT AUTHORIZATION

SSQ Insurance Company Inc.

Please answer all questions fully – it helps us to provide better service.

Note: This form can be completed in ink (please print), however, the form must be signed and dated and then the ORIGINAL signed form in its entirety must be returned to **SSQ Insurance Company Inc.** at any of the following addresses:

SSQ Place, 110 Sheppard Avenue East, Suite 500, Toronto, Ontario M2N 6Y8

1200 Papineau Avenue, 4th floor, Montreal QC H2K 4R5

800 - 6th Avenue S.W., Suite 650, Calgary, Alberta T2P 3G3

Emailed, faxed or photocopied forms (once completed) are unacceptable for claims purposes.

Policy Number

Claim Number

Insured's Name

Telephone No. ()

Address

Number & Street

City

Province

Postal Code

Name of Financial Institution

Address of Financial Institution

Number & Street

City

Province

Postal Code

Type of Account:

Chequing *(please attach a void cheque)*

Savings *(please provide your banking information below)*

.....
Transit/Branch No.

.....
Institution No.

.....
Account No.

Note: Your banking information appears on the bottom of your cheque as per example below:



I authorize SSQ Insurance Company Inc. to deposit my claim benefit payments to the account mentioned on this form.

Insured's Signature

Date D M Y

Account Holder Signature
(if other than Insured)

Date D M Y