



Direct Deposit Agreement

Sales Representative's Name

Code #

Depositor Name(s) on Bank or Financial Institution Records

Transit Number (5 digits)

Bank Number (3 digits)

Account Number

Bank Name

Branch Address

City and Province

ATTACH VOID CHEQUE HERE

If you do not have a cheque, most financial institutions offer a form to provide this information.
Please attach a copy of that form.

- Authorization -

I hereby authorize Combined Insurance to initiate automatic deposits to my account at the financial institution specified. I also authorize Combined Insurance to make withdrawals from this account to correct inadvertent credit entry errors.

Further, I agree not to hold Combined Insurance responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Combined Insurance receives a written notice of cancellation from me or my financial institution, or until I submit a new completed direct deposit form.

Sales Representative's Signature

Date