

# DIRECT DEPOSIT



2197 Sherbrooke Street East, suite 200, Montréal (Québec) H2K 1C8  
 6700 Pierre-Bertrand Boulevard, suite 300, Québec (Québec) G2J 0B4  
 Montréal: 514 871-1181 | Québec: 418 681-7785 | Toll-Free: 1 877 371-1181  
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 info@medicassurance.ca | www.medicassurance.ca

Policy

Initial request for direct deposit

Request for bank account change

Request to end direct deposit

## INFORMATION ON THE PARTICIPANT

Lastname		Firstname	
Address		Residence	Office
City			
Province	Postal code	Telephone	Residence Office
Financial institution name		Financial institution address	

## TYPE OF BANK ACCOUNT

Chequing	Savings	Please complete this section or attach a personalized void cheque to ensure that we obtain your accurate banking information.	
Branch no. (5 digit number)	Institution no. (3-4 digit number)	Account no. (All numbers)	

## DECLARATION AND AUTHORIZATION

I authorize MédicAssurance 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 MédicAssurance of any subsequent changes. I accept that this agreement may be cancelled at any time by either MédicAssurance, myself, in writing or verbally.

Signature of the applicant <small>(electronic signatures are not accepted)</small>	Date of the signature (day / month / year)
Account holder signature (if other than the applicant)	Date of the signature (day / month / year)

