

Crop Insurance Contact Number:

Customer Name:

AgriStability SCIC Identification Number:

Customer Name:

I wish to enrol in Direct Deposit. I understand that all funds will be deposited electronically into the account I selected.

**Financial Institution Information:**

Name of Bank:

**Address of Branch:**

Street Address:

City/Province:

Postal Code:

**Account Information:**

Transit Number:

(5 digits)

Bank Number:

(3 digits)

Bank Account Number:

(7, 9, 11 or 12 digits)

Please fully complete and sign form:

- All applicable parties on the contract must sign
- Attach an image of a void cheque or official bank documentation in PDF or JPG format.

Please send form and cheque to SCIC by mail:

Box 3000

Melville, SK,

S0A 2P0

Fax to 306-728-7219

Deliver in person to any Customer Service Office

Customer Signature

Date

Customer Signature

Date

Customer Signature

Date

Customer Signature

Date

**To be Completed by SCIC Staff**

Phone Verification by

Date

Data Entry by

Date

Verified by

Date