



SASKATCHEWAN CROP INSURANCE CORPORATION

Direct Deposit Request

Contract Number and /or AgriStability SCIC I.D. 123456

Customer Name: John Customer

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

PLEASE PRINT

\*PLEASE DEPOSIT MY PAYMENT IN THIS BANK ACCOUNT

Name of Bank: Scotiabank

Address of Bank: 123 Maple Drive Anywhere, Saskatchewan S0S 0P0

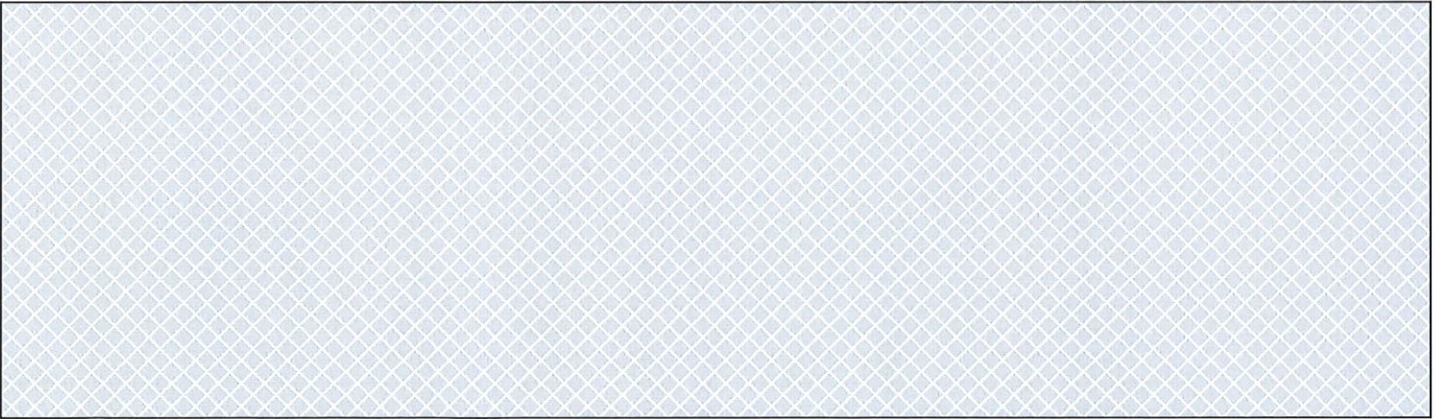
Signature: John Customer

FOR SAVINGS ACCOUNTS, PLEASE COMPLETE THE FOLLOWING:

TRANSIT # 33333 (5 digits) BANK # 444 (3 digits) BANK ACCT.# 786976467 (7,9,11 or 12 digits)

FOR CHEQUING ACCOUNTS:

\*ATTACH: VOIDED CHEQUE (PLEASE TAPE, DO NOT STAPLE)



John Customer Customer Signature

Alison Jones SCIC Representative

16-Aug-xx Date

