

Direct Deposit Request

Contract Number and /or AgriStability SCIC I.D.

Customer Name:

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:

Address of Branch:

FOR SAVINGS ACCOUNTS, PLEASE COMPLETE THE FOLLOWING:

TRANSIT #	<input type="text"/>	BANK #	<input type="text"/>	BANK ACCT.#	<input type="text"/>
	(5 digits)		(3 digits)		(7,9,11 or 12 digits)

PLEASE FULLY COMPLETE AND SIGN FORM
 NOTE* - ALL APPLICABLE PARTIES ON CONTRACT MUST SIGN). ATTACH A COPY, SCAN, OR
 PICTURE OF A VOID CHEQUE IF APPLICABLE. *PREFERRED FOR CHEQUING ACCOUNTS*

Please send form and cheque to SCIC by:
 Mail to Box 3000, Melville, SK, S0A 2P0
 Fax to 306-728-7219
 Deliver in person to any Customer Service Office

 Customer Signature

 Customer Signature

 SCIC Representative

 Date