

Crop Insurance Contract 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:

Fax to:306-728-7219

Box 3000

Melville, SK, S0A 2P0

Deliver in person to any Customer Service Office

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

The Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to The Freedom of Information and Protection of Privacy and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance with The Archives and Public Records Management Act. For all privacy concerns, please contact SCIC's Privacy Manager by e-mail at securityofficer@scic.ca or call 306-728-7200.

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