

Direct Deposit Request

Crop Insurance Contract Number	er:	Customer Name:	
AgriStability SCIC Identification	Number:	Customer Name:	
I wish to enroll in Direct Deposit. I u	nderstand that all funds w	vill be deposited electronically into the acco	unt I selected.
Financial Institution Information	on:		
Name of Bank:			
Address of Branch:			
Street Address:			
City/Province:			
Postal Code:			
Account Information:			
Transit Number:	Bank Number:	Bank Account Number:	
	parties on the contract r ge of a void cheque or of	must sign fficial bank documentation in PDF or JPC	G format.
By mail: Box3000 Melville, SK, S0A 2P0	Fax to: 306-728-7219 Deliver in person to a	ny 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		-	Dirdepo125-7/Fin Date

Completed form can be forwarded to <u>financeprograms@scic.ca</u> for verification and entry.

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 privacy@scic.ca or call 306-728-7200.



