



# Fenchurch Claims Centre Direct Deposit Authorization

**\*\* IMPORTANT – PROVISION OF THIS INFORMATION DOES NOT IMPLY ACCEPTANCE OF CLAIM \*\***

**PLEASE  
PRINT**

Name (Surname, followed by Given Name & Initial)	
Social Insurance Number	Employee ID (if applicable)
Email Address	
Phone Number (home)	Phone Number (cell)

**I hereby authorize Fenchurch General Insurance Company to deposit my benefit payment as noted below:**

Banking Institution (must be a Canadian Institution)	
Name:	Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings (see below) <input type="checkbox"/> Other (see below)
Address:	
City: Province:	
Postal Code:	

**CHEQUING ACCOUNTS PLEASE INCLUDE COPY OF VOIDED CHEQUE**

Please provide the following information for non-chequing accounts:												
Bank No.												
Transit No.												
Acct. No.												

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX COMPLETED FORM TO  
FENCHURCH CLAIMS CENTRE 1.888.473.5949 or  
DISABILITY MANAGEMENT INSTITUTE 1.888.473.5949**