



Fenchurch General Insurance Company 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 GENERAL INSURANCE COMPANY 1-877-364-6666**