

By enrolling in direct deposit, you can still receive your statements of benefits by mail along with your deposit notice. You'll also receive your refund sooner, avoiding postal delays and unnecessary trips to the bank.

Enrolling is simple!

Return the form below with your cheque specimen at P.O. Box 696, Drummondville QC J2B 6W9 or sign up online from the **Your personal information** section of your secure access for insured members.

Contact us Phone 1-800-567-0988 Fax 819-474-1990	Administration Department Ext. 2076 group.admin@uvinsurance.ca	Health and Dental Claims Ext. 2074 group.claims@uvinsurance.ca
---	---	---

Section A—Direct Deposit of Benefits

1. First Name _____ Last Name _____
2. Certificate # _____ 3. Group # _____
4. Direct deposit (attach cheque specimen) ☐ Enroll ☐ Change
5. Address _____
 City _____ Province _____ Country _____ Postal code _____
6. Did you change your address? ☐ Yes ☐ No
7. Phone number []-[]-[]-[]-[]-[]-[]-[]-[]-[]
8. Email address _____

Section B—Authorization

I hereby authorize UV Insurance to deposit my group insurance benefits into my personal bank account identified on the attached cheque specimen. I certify that the foregoing information is accurate, and I undertake to inform UV Insurance of any changes. In the event that any of said personal information is inaccurate, incomplete or unclear, I can request that it be corrected by sending a request to UV Insurance.

I can withdraw my consent to the disclosure or use of my personal information at any given time. I understand that withdrawing my consent may have legal or contractual consequences in the administration of my insurance contract. For example, UV Insurance may be unable to process a claim.

I accept that this direct deposit agreement may be cancelled by UV Insurance or by myself upon written notice.

X _____ Date []-[]-[]-[]-[]-[]-[]-[]-[]-[]
 Insured member's signature

PLEASE ATTACH A CHEQUE SPECIMEN MARKED "VOID"

