



DIRECT DEPOSIT AUTHORIZATION FORM

| | |
|---------------|--|
| DATE: | |
| TO: | |
| FROM: | |
| POLICYHOLDER: | |

I _____
(Employee Full Name in Block Letters)

hereby give consent for payments to be made directly to my account, the information for which is listed below.

| | | |
|--------------------------------|--|----------------|
| Account Name: | | |
| | Bank: | Branch: |
| Bank: | <input type="checkbox"/> FCB - First Citizens Bank Limited <input type="checkbox"/> SBTT - Scotiabank of Trinidad and Tobago <input type="checkbox"/> RBTT - RBTT Bank Limited <input type="checkbox"/> Citibank Limited <input type="checkbox"/> IBL - Intercommercial Bank Limited <input type="checkbox"/> RBL - Republic Bank Limited | |
| Account Type: | <input type="checkbox"/> Savings <input type="checkbox"/> Chequeing <input type="checkbox"/> Loan | |
| Bank Transit #: | <u>For Scotiabank customers ONLY</u> | |
| Account Number: | | |
| Member's Email Address: | | |

Employee's Signature: _____
 Received by: _____
 Date received: _____