

Electronic Funds Transfer Direct Deposit



Group Policy # 901102

1. MEMBER INFORMATION						
Service Number (SN)	Rank	Surname		First Name	ļ	Initials
					()	
Mailing Address					Home Phone #	
					()	
PO Box, Rural Route, etc.					(circle) work/cell ph	one
City			Prov.	Postal Code		
2. FINANCIAL INSTITUTION'S IN	FORMATION					
Financial Institution Name						
Financial Institution Address						
City			Prov.	Postal C	ode	
3. ACCOUNT INFORMATION						
J. AGGGRI INI CRIMATION						
Branch Instit	ution	Account Nu	mber		<u> </u>	
				"VOID" IN THIC AD	- A	
			BANKING INI	"VOID" IN THIS AR	EA	
	•	0 00111 11 1111	Branch Control	Oraw, trion		
				UING ACCOUNT,	_	
	PLEASE A	ASK YOUR E	BANK FOR A	COUNTER CHEQUI	E	
						ı
4. SIGNATURE						
Declaration and Authorization by Applicant						
Manulife is hereby authorized to make dire any other account in any financial institutio	ct deposits in res	spect to my SISIP	benefit to the bank a	account indicated above. Thi	s authorization and req	uest shall also apply to
I will advise of any changes in this information						service
The information provided on this form is pr				Ğ		
Act or equivalent provincial legislation and	is available to yo	ou upon request.		• ,		
Marshada Cirratura			Day Month	Year		
Member's Signature						
Please return completed form to: Manulife, SISIP Services, PO Box 1030, 2727 Joseph Howe Drive, Halifax, NS B3J 2X5						
Manulife Office Use Only						
Verified by:						
			Day	Month Year		