

BANKING INFORMATION REQUEST FORM

PLEASE USE BLOCK LETTERS, TYPE OR PRINT WHEN COMPLETING THIS FORM

CANOPY MEMBER ID #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To ensure that your reimbursements are deposited to your desired account and that we are able to advise you accordingly, we ask that you complete all areas on this form.

PERSONAL INFORMATION

SURNAME										FIRST NAME										M.I.				
Address																								
Cell Number										Tax Registration Number														
Email Address																								

EMPLOYER INFORMATION

Name of employer																								
Address of employer																								

BANKING INFORMATION

BANK NAME										BANK BRANCH														
ACCOUNT NAME										ACCOUNT TYPE					SAVINGS					CHEQUING				
ACCOUNT NUMBER																								

I confirm that the information provided is true and correct and can be relied upon by Canopy Insurance Limited and hereby grant permission for the use of the information for the purposes herein stated or as may be required from an operational standpoint.

Name										Signature										Date				