



Direct Deposit Form

Claim Number _____

Customer: _____

Customer mailing address: _____

Email address: _____

By providing an email address, you consent to receive the remittance statement by email. The *Authorization to Communicate with Manitoba Public Insurance by Email Form* must be completed and returned with this *Direct Deposit Form*.

Bank account type: _____
(Check one) _____

Savings account

Chequing account

You must attach a void cheque or a print-out from your financial institution verifying your account information, which includes branch number, transit number and account number.

If your name is not on the void cheque you will require one of the following:

- a) Written confirmation from your financial institution that this is a joint account. or
- b) Written authorization from both parties stating they authorize the money to be deposited into this account.

Manitoba Public Insurance (MPI) is hereby authorized to deposit any funds payable to the Payee to the account described above ("the Account"). This authority will remain in effect until specifically revoked. Revocation shall be by written notice to MPI and to the financial institution where the Account is located, and shall not be effective until both parties receive the notice.

Signature of Customer

Date (dd/mm/yy)

Please return the completed form to:

Manitoba Public Insurance
Injury Claims Management
P.O. Box 6300
Winnipeg, MB R3C 4A4
Fax Number: 204-954-5332