Cowan

DIRECT DEPOSIT
AUTHORIZATION FORM

Sign up to receive your reimbursements deposited directly into your bank account by electronic fund transfers (EFT)

COMPLETE THIS FORM AND RETURN IT TO COWAN

700-1420 Blair Towers Place, Ottawa, Ontario
K1J 9L8 Tel: 613-741-3313, Toll Free:
1-888-509-7797 Fax: 613-741-7771
providers@cowangroup.ca
www.cowangroup.ca

AUTHORIZATION FORM

Please complete the information required on the authorization form and return it to Cowan Insurance Group. **Note: only Canadian bank accounts are accepted.**

AUTHORIZATION AGREEMENT

I acknowledge that this form is to be used only for a **Canadian Bank Account**. I understand that EFT deposits will not be credited in any other Currency or to a Bank residing outside of Canada. Further, I agree not to hold Cowan Insurance Ltd. responsible for any delays or loss of funds due to incorrect or incomplete information provided by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Cowan Insurance Ltd. receives a written notice of cancellation. If a change is required due to a new bank account, a new form will have to be re-submitted. Cowan reserves the right, under their authority and jurisdiction, for any reason, to terminate direct deposit privileges.

I acknowledge and consent. Initials: _____

PROTECTING YOUR PERSONAL INFORMATION

It is the policy of Cowan Insurance Group Ltd. to control the collection, use and disclosure of personal information in accordance with all requirements set out in the Canadian Personal Information and Electronic Documents Act. Exemptions may apply. Any information you provide to us will be kept in your personal file. Use and disclosure of your information will be limited to our employees and service representatives in the delivery of our products and services to you, persons to whom you have granted access, including administrators, consultants and persons authorized by law. You have the right to request access to personal information in your file and if necessary, correct any inaccurate information.

I acknowledge and consent. Initials: _____

AUTHORIZATION FORM

New Information ☐ **Information change:** ☐

Provider Name: ----------

ID #: (Internal) ----------

Address: ----------

City: ----------

Province: ---------- Postal code: ----------

Tel.: ---------- ----------

Email address ----------

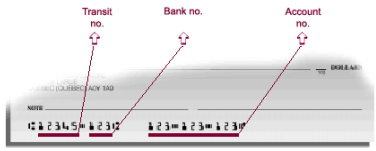
Bank Name: ----------

Branch address:

City ----------

Province: ___ ___ ___ Postal Code ___ ___ ___

Note: must be a Canadian bank account



Transit no: ☐☐☐☐☐

Bank no: ☐☐☐

Bank Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐

I, the undersigned, have signing authority for the above named beneficiary account; hereby authorize Cowan Insurance Group Ltd. to deposit payments directly to the above noted account.

Print Name: _____

Signature: _____

Date signed: _____

Please attach a void cheque