ELECTRONIC FUNDS TRANSFER APPLICATION FORM

La Capitale
Insurance and
Financial Services

Delta 3 Building
2875 Laurier Blvd, Suite 400
P.O. Box 1500
Quebec QC G1K 8X9
Email:

Telephone: 418 644-4200
1 800 463-4856
Fax: 418 646-0888

prest.sante@lacapitale.com

GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 – PARTICIPANT'S IDENTIFICATION

FAMILY NAME | FIRST NAME

ADDRESS (NO. STREET APT.) | PHONE AT HOME ( )

CITY | POSTAL CODE | PHONE AT WORK ( )

2 - AUTHORIZATION

I hereby authorize La Capitale Insurance and Financial Services Inc., to deposit my health and/or dental care insurance benefits in my bank account.
(Please complete the following bank information; no cheque specimen is required).

Branch No. _____ Institution No. _____ Account No. _____

Please fill out and return this form to:

La Capitale Insurance and Financial Services Inc.
Delta 3 Building
2875 Laurier Blvd, Suite 400
P.O. Box 1500
Quebec QC G1K 8X9

3 –SIGNATURE OF THE PARTICIPANT

Signed in _____, on the _____ day of _____ 20 ____.

_____
Signature of the participant