



Request for direct deposit

A Information about policy holder

Please complete this section in block letters. Write your uOttawa student number as certificate number. Be sure to write your complete name, address, and a telephone number where you can be reached.

Policy # 1480	Certificate # O T T	Name of employer, union, or school SFUO
First Name	Last Name	Preferred Language English <input type="checkbox"/> French <input type="checkbox"/>
Address, Apt #	City	Province
Home Telephone #		Postal Code
Work Telephone #		

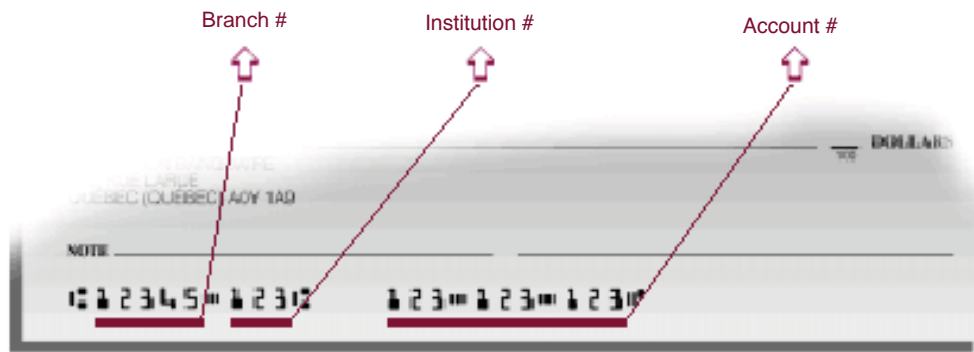
B Sample cheque

Attach a sample cheque or photocopy with the word "Void" and your student number written across the front.

If you provide a sample cheque or photocopy you do not need to complete section C.

C Banking information

Name of financial institution		
Branch address		
Branch #	Institution #	Account #



D Mailing Address

Assumption Life
PO 160, 770 Main Street
Moncton, New Brunswick, E1C 8L1



Assumption Life