



JG21-CY

AUTHORIZATION FOR DIRECT DEPOSIT

Please print your
Policy & Certificate #

Policy #

Certificate #

Complete this authorization, identifying the bank account you want to use to receive benefit payments directly from Johnston Group Inc. The account *must* have chequing privileges. Send this completed form to us along with a sample cheque marked "VOID".

Without a sample cheque, we do not have the banking codes we need to make direct deposits on your behalf.

Covered Individual's Full Name _____

Address _____

Apartment/Street

City / Town

Province

Postal Code

I authorize Johnston Group Inc. to deposit benefits payable to me to the account I have elected. I can cancel this authorization at any time by writing to the National Service Centre.

I have attached a sample cheque, marked "VOID", to provide the banking details necessary for direct deposit. I understand that Johnston Group Inc. will mail an Explanation of Benefits statement to me explaining how each direct deposit amount has been calculated.

Covered Individual's Signature _____ Date _____

**NATIONAL SERVICE CENTRE, 1051 King Edward Street, Winnipeg, MB R3H 0R4
1-800-893-7587 • info@johnstongroup.ca**

PLEASE ATTACH A SAMPLE CHEQUE, MARKED "VOID"