



**Unistar Special Risks Inc.
Direct Deposit Authorization**

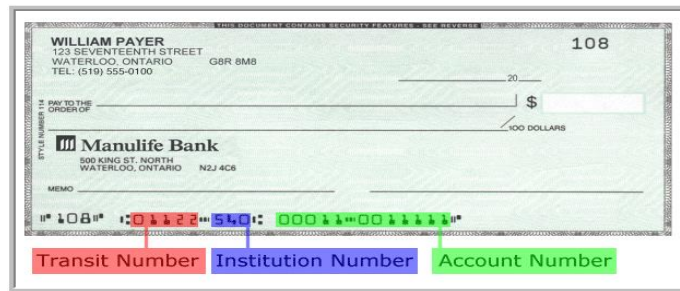
IMPORTANT – PROVISION OF THIS INFORMATION DOES NOT IMPLY ACCEPTANCE OF CLAIM

1. Member Information (PLEASE PRINT)

First Name(s)		Last Name	
Social Insurance Number		Name of Employer	
Your Address (Including Apartment/Unit Number)			
City/Town	Province/Territory	Postal Code	Phone No. () -
Email Address (for admin purposes)			
Date of Birth (MM/DD/YYYY) ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone No. (Home) () -	Phone No. (Cell) () -

Account Information

Please Attach A Void Cheque



I hereby authorize Unistar Special Risks Inc. to deposit my benefit payment as noted below:

Pre-Authorized Data (Please attach a sample of your cheque from your Financial Institution marked "VOID")			
Branch Transit Number	Institution	Account Number	
Name of Financial Institution	Branch		
Branch Address	City, Province	Postal Code	
Account type:	<input type="checkbox"/> Chequing	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Full Legal Name of Applicant:			
Authorized Signature(s)			Date Signed