APPLICATION FOR DIRECT DEPOSIT OF BENEFITS

La Capitale
Civil Service Insurer

625 Jacques-Parizeau St, P.O. Box 1500, Quebec QC G1K 8X9
418 644-4200 or 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		
NO. STREET / ADDRESS / APT.		PHONE AT HOME ( )
CITY	POSTAL CODE	PHONE AT WORK ( )

2 - AUTHORIZATION

I hereby authorize La Capitale Civil Service Insurer Inc., to deposit my benefits in my bank account. **Please complete the following bank information and attach a cheque specimen.**

Branch No. | Institution No. | Account No.

Four simple ways to send us your banking information!

By mail to the address: La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St
P.O. Box 1500
Quebec QC G1K 8X9

By email (photo or scan copy of the form) to : prest.inv@lacapitale.com

By FAX at 1-855-669-8830

By phone at 1-800-463-4856

3 –SIGNATURE OF THE PARTICIPANT

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

_____
Signature of the participant