



Trinidad and Tobago Insurance Limited
 11A Maraval Road,
 Port of Spain,
 Trinidad and Tobago, W.I.
 P.O. Box 1004
 Tel: (868) 628-2845 /1200
 Email: info@tatil.co.tt
 Web: www.tatil.co.tt

DIRECT DEPOSIT AUTHORIZATION FORM

Please give complete answers to all questions

Date:	
To:	
From:	
Policyholder:	

I _____

(Full Name in Block Letters)

hereby give consent for payments to be made directly to my account, the information for which is listed below.

Please attach a copy of your bank statement showing Insured's name and bank account number.
*(The header (top) of the bank statement displaying name and account number is applicable.
 As an alternative a cancelled cheque leaf can also be provided)*

Account Name:	
Bank:	
Branch:	
Account Type:	
Bank Transit No:	<u>For Scotiabank customers ONLY</u>
Account Number:	
Email Address:	
Contact No:	

I acknowledge TATIL is not liable for any incorrect information submitted on this form. I understand that the ACH banking information stated herein supersedes any and all other ACH banking information previously submitted.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Received by:	
Date received:	