

**Trinidad and Tobago Insurance Limited**

TATIL Building, 11A Maraval Road, St. Clair, Newtown 190131, Trinidad and Tobago, W.I.

Tel.: (868) 62TATIL(628-2845) • Web: www.tatil.co.tt • E-mail: info@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 <i>(Chequing or Savings)</i> : | |
| Bank Transit No. <i>(For Scotiabank customers ONLY)</i> : | |
| 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: