

Update your Monthly Premium Plan Information

To amend or correct banking details on your monthly premium plan, please complete the information below:

Name: _____

Policy Number(s): _____

Home Phone: _____

Account holder name
(If different from policy holder): _____

Name of financial
institution: _____

Branch Number (5 digits): |_|_|_|_|_|

Institution Number
(3 digits): |_|_|

Account Number
(Maximum 12 digits): |_|_|_|_|_|_|_|_|_|_|_|_|

Date this change is
effective (dd/mm/yy): ___/___/___

Signature: _____

Please fax this form to:
Canadian Direct Insurance Inc.
Attention: Policy Administration Department
Toll-Free Fax: 1-877-515-4747
Greater Vancouver Area Fax: (604) 699-3860

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