



Direct Deposit Request

Please submit completed form to Baxter Structures by fax at 416-947-0766, by email at clientsupport@baxterstructures.com, or by regular mail.

YOUR NAME: _____ **CONTACT PHONE #:** _____

INSURANCE COMPANY: _____ **CONTRACT #:** _____

NAME OF BANK: _____

BANK ADDRESS: _____

NAME OF ACCOUNT HOLDER: _____

Must be the same as the payee named in the annuity contract

TRANSIT #: _____

INSTITUTION #: _____

ACCOUNT #: _____

Please attach a copy of a VOID cheque

SIGNATURE

DATE

Please allow a minimum of 30 day Notice to arrange direct deposit or to change account information. It is our policy to call to verify the information provided. We look forward to speaking with you soon!