

## Direct Deposit Request

| Contract Number/SCIC I.D. | Crop Year | Customer Name |
|---------------------------|-----------|---------------|
|                           |           |               |

I wish to enroll in Direct Deposit. I understand that all funds will be deposited electronically into the account that I select.

PLEASE PRINT

\*PLEASE DEPOSIT MY PAYMENT IN THIS BANK ACCOUNT

NAME OF BANK: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR SAVINGS ACCOUNTS, PLEASE COMPLETE THE FOLLOWING:

TRANSIT # \_\_\_\_\_ (5 digits)    BANK # \_\_\_\_\_ (3 digits)    BANK ACCT. # \_\_\_\_\_ (7, 9, 11 or 12 digits)

FOR CHEQUING ACCOUNTS:

\*ATTACH: VOIDED CHEQUE (PLEASE TAPE, DO NOT STAPLE)

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 SCIC Representative

\_\_\_\_\_  
 Date