



145 The West Mall, Box 110 U
Toronto, Ontario M8Z 5M4

Direct Deposit Form

Direct deposit is a fast and convenient way to ensure you receive your claim payment as fast as possible. NexGenRx is dedicated to serve you better.

Policyholder Information (please print)

Policy #	Certificate #	Policy Name
Surname	Given Name(s)	Phone #
Address (#, Street)		Apartment #
City	Province	Postal Code

Bank Information

Please complete the following information and **attach a blank cheque with "VOID" written across the front.**

New information <input type="checkbox"/>	Financial Institution Name	
Change information <input type="checkbox"/>		
Transit #	Institution #	Account #

Authorization

The information that I have provided above is accurate. I will notify NexGenRx of any changes to this data. Please allow NexGenRx to credit my bank account (as per the details provided above) with all my benefit payments. NexGenRx or I can cancel this agreement at any time with written or verbal notice.

Policyholder's Signature	Date
Bank account holder's Signature (if not the same as the policyholder)	Date

At NexGenRX, we know the importance you attach to maintaining your privacy and the confidentiality of personal information. All such personal information concerning yourself and your spouse and dependants (if any) will be collected, used and disclosed by NexGenRx only for the purposes of adjudicating claims made by or on behalf such persons and administering the benefit plan under which such claims are made, and for certain ancillary purposes, all as set out in the NexGenRx Privacy Policy published on our website at www.nexgenrx.com. You may obtain a printed copy of such Privacy Policy by writing to us at 145 The West Mall, PO Box 110 U, Toronto, Ontario M8Z 5M4, to the attention of our Chief Privacy Officer