



REQUEST FOR DIRECT DEPOSIT (EFT)
Hub Financial Inc. Claim Reimbursement

DIRECT DEPOSIT

INITIAL REQUEST CHANGE IN BANKING INFORMATION CANCELLATION

*** All new banking information or changes must be submitted on this form

IDENTIFICATION

Company Name: _____

Employee Name: _____

BANKING INFORMATION

q To ensure accuracy **ORIGINAL PERSONAL VOID** cheque must be attached.

**Attach Void Cheque
(Personal)**

BANK #

Transit # (5 digits)

Account #

SIGNATURE

It is understood that:

- This banking information will be used for the sole purpose of depositing claim reimbursement.
- This information will be held in the Master File of the company for which the employee is employed.
- HUB Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time.
- It is the sole responsibility of the employee to ensure the accuracy of the banking information attached above and transmitted by this form. In addition any subsequent changes in banking information must be reported in a timely fashion.
- HUB Financial Inc. may terminate payment by direct deposit without prior notice or authorization from the employee.

Signature of Employee

Date