

**Initial request**

**Modification** (ACCOUNT CHANGE)

**Information on the accident victim** (BLOCK LETTERS)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ CLAIM NO. ▼

**ADDRESS**

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APARTMENT \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_ TELEPHONE (AT WORK) \_\_\_\_\_  
AREA CODE - AREA CODE

**Information about the account of the payee (accident victim or agent)** (BLOCK LETTERS)

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH NO. \_\_\_\_\_ INSTITUTION NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

The numbers are shown on your cheques. If you do not have a cheque, your institution can provide the equivalent.  
**\* SEE SAMPLE BELOW.**

Payee's signature \_\_\_\_\_ Date YEAR MONTH DAY \_\_\_\_\_

▼ **IF THE PAYEE IS AN AGENT, PLEASE PROVIDE THE FOLLOWING INFORMATION** ▼

**Information on the agent** (BLOCK LETTERS)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**ADDRESS (if different from the accident victim's)**

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APARTEMENT \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_ TELEPHONE (AT WORK) \_\_\_\_\_  
AREA CODE - AREA CODE

- Should direct deposit not be possible, payment is made by cheque.  
 - A direct deposit request may be cancelled or changed at any time by telephoning the person assigned to the claim at the SAAQ.

6096A 50 (2010-02)

**Enclose a cheque marked VOID or SPECIMEN (do not staple)**

**\* SAMPLE CHEQUE**

Jean Martin  
 123, rue Principale  
 Saint-Jean (Québec) A1B 1C2 folio 999 999 9 **1**

Payez à l'ordre de \_\_\_\_\_ \$ \_\_\_\_\_ /100 DOLLARS

|| 999 ||    : 99999    9999:    999 999 999 999

Cheque no. Not always shown on a cheque (Do not enter)    Branch No. (5 digits)    Institution No. (3 digits)    Account No. (max. 12 digits)

**YOUR REQUEST MUST BE SENT TO:**  
**(Dépôt direct)**  
 Société de l'assurance automobile du Québec  
 Case Postale 2500, Succ. Terminus  
 Québec (Québec) G1K 8A2