Société de l'assurance automobile Québec

Avec vous, au cœur de votre sécurité

Direct deposit request – Bank and credit union accounts in Canada only

Erase

☐ **Initial request** ☐ **Modification** (account change)

Accident victim (block letters)

Last name | First name | ▼ Claim number ▼

Address

Street number | Street name | Apartment

Municipality | Province

Postal code | Telephone (main) | Telephone (secondary)

Account information (block letters)

Name of the financial institution

Branch number | Institution number | Account number

The numbers are shown on your cheque (see sample below). If you do not have a cheque, your institution can provide an equivalent.

Are you the sole holder of this account? ☐ Yes ☐ No

Payee's signature

Date Year Month Day

▼ **If you have signed this form on behalf of the accident victim, please provide the following information.**

Representative of the accident victim (block letters)

Last name | First name

Address (if different from the accident victim's)

Street number | Street name | Apartment

Municipality | Province

Postal code | Telephone (main) | Telephone (secondary)

– **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 30 (2025-01)

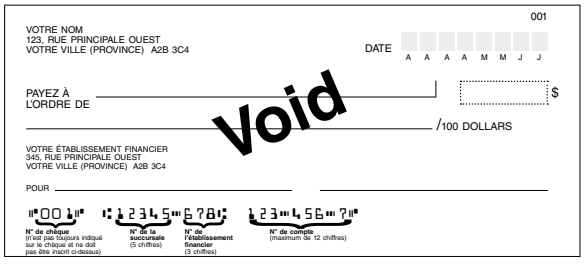
Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information.* It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.

Remember to enclose a cheque marked "VOID". Do not staple.

SAMPLE CHEQUE



THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Reimbursement of Expenses and Document Submission online service:
saaq.gouv.qc.ca/documentsubmission
By fax: 1-866-289-7952
By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.

Print Form