

Initial request

Modification (Account change)

Information on the accident victim (BLOCK LETTERS)

Last name	First name	▼ Claim number ▼
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Address

Street number	Street name	Apartment
Municipality		Province
Postal code	Telephone (home)	Telephone (work)

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

Name of financial institution

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

Are you the sole holder of this account? Yes No

Payee's signature

Date

Year	Month	Day
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▼ **If the payee is a representative, please provide the following information.** ▼

Information on the representative (BLOCK LETTERS)

Last name	First name
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Address (if different from the accident victim's)

Street number	Street name	Apartment
Municipality		Province
Postal code	Telephone (home)	Telephone (work)

- 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 (2015-03)

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

*** SAMPLE CHEQUE**

VOTRE NOM
123, RUE PRINCIPALE OUEST
VOTRE VILLE (PROVINCE) A2B 3C4

DATE

A	A	A	M	M	J	J
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PAYEZ À L'ORDRE DE _____ \$

_____/100 DOLLARS

VOTRE INSTITUTION FINANCIERE
345, RUE PRINCIPALE OUEST
VOTRE VILLE (PROVINCE) A2B 3C4

POUR _____

⑈00⑈ ⑆2345⑆78⑆ ⑆23456⑆7⑈

N° de chèque (Par toujours présent sur le chèque) (99 pas décimale) N° de la succursale (3 chiffres) N° de l'institution financière (3 chiffres) N° de compte (maximum de 12 chiffres)

**YOUR REQUEST MUST BE SENT TO:
(Dépôt direct)**

Société de l'assurance automobile du Québec
Case Postale 2500, succursale Terminus
Québec (Québec) G1K 8A2