



Pre-Authorized Payment Form

for the Reserve Term Insurance Plan (RTIP)
Group Policy No. 901102

1. MEMBER INFORMATION

Service Number (SN)	Rank	Surname	First Name	Initials
			()	
Mailing Address			Home Phone #	
			()	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
City	Prov.	Postal Code		

2. FINANCIAL INSTITUTION'S INFORMATION

Financial Institution Name		
Financial Institution Address		
City	Prov.	Postal Code

3. ACCOUNT INFORMATION

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Branch	Institution	Account Number																			

4. SIGNATURE

Declaration and Authorization by Applicant

I authorize the pay office/DAPPP to provide SISIP Financial Services and Manulife Financial with my personal banking information only for the purpose of automatically withdrawing premiums for my RTIP policy(ies) from the above on a monthly basis;

The information provided on this form is protected from unauthorized disclosure under Canada's *Privacy Act* and is available to you upon request.

Member's Signature			
	Day	Month	Year

Please attach this completed form to your Reserve Term Insurance Plan (RTIP) application and/or mail to:

SISIP Financial Services
National Defence Headquarters
4210 Labelle Street
Ottawa, ON K1A 0K2