



AUTHORIZATION FOR DIRECT DEPOSIT

****IMPORTANT NOTE****

To ensure that your application is processed without delay, please ensure all required information is complete and accurate.

Group Policy Number: _____ Certificate No.: _____

Division Number: _____

Name of Insured: _____

Insured's Phone No.: (_____) _____
area code

Address of Insured: _____

Please accept this as authorization for Equitable Life Insurance Company of Canada to deposit Group claim payments directly into my bank account.

Bank's Name: _____

Bank's Address: _____

Bank's Phone No.: (_____) _____ Bank's Account No.: _____
area code

Institution Code: _____ Branch Transit No.: _____

PLEASE ATTACH A VOID CHEQUE OR WE ARE UNABLE TO PROCESS YOUR REQUEST

Date _____ Insured's Signature _____