Equitable Life of Canada®

Head Office
One Westmount Road North
P.O. Box 1603 Stn. Waterloo, Waterloo Ontario N2J 4C7
TF 1.800.265.4556 **T** 519.886.5210 **Fax** 1.519.883.7403

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: 812178 Certificate No.: _____

Division Number: _____

Name of Insured: Jack Allison

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 _____