



**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 \_\_\_\_\_