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AUTHORIZATION FOR DIRECT DEPOSIT

Group Policy Number:

Certificate No.:

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

Date

Insured's Signature