# Direct Deposit Request Form

**Please print clearly**

*Throughout this form, "Empire Life" means The Empire Life Insurance Company.*

**1**

| Empire Life code | Name **(as it appears on contract)** |
|---|---|
| ❍ Start direct deposit | ❍ Change information on direct deposit |

**2**

**Financial Institution Information**

❍ Account shown on attached void cheque **(must be personalized with the name appearing on contract)**

❍ If you are not attaching a void cheque complete information below and have confirmed by your financial institution. **(name on account must be same as name appearing on contract)**

| Direct deposit routing number | | | Financial institution name, address and postal code |
|---|---|---|---|
| Branch number | Institution number | Account number | |
| Name(s) of account holder(s) | | | |
| Joint signatures required<br>❍ Yes ❍ No | | | |
| Confirmation/Signature of Financial Institution Official | | | |
| Telephone number | Date (dd/mmm/yy) | | (stamp may be used) |

**3**

**Authorization and Consent**

I authorize:

- Empire Life to deposit commission payments into my account noted in Section 2 above until notice in writing is given to stop direct deposit.
- My financial institution to honour any deposit (credit) to my account as outlined in Section 2 above and return to Empire Life any amount deposited to which I am not entitled.

I understand and agree that:

- Any direct deposit arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by Empire Life or by me.

A photocopy or an image of this signed Authorization and Consent will be as valid as the original.

**Signature of Advisor**
X

**If using a corporate account with more than one signing authority**
**Signature** **Signing authority name**
X

**Signature of MGA/AGA/GA** (if applicable)
X

| **All signed at** (City and Province) | **Date** (dd/mmm/yy) |
|---|---|

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B-0002-ENG-05/06