



**Assumption Life**

**BROKER'S INFORMATION**  
To be completed by the Broker

<u>Broker's name</u>	<u>Telephone (Home):</u> ( ) -
	<u>Telephone (Business):</u> ( ) -
	<u>Fax:</u> ( ) -
<u>General Agent's name</u>	<u>Email (Mandatory):</u>
	<u>Working Language:</u>
<u>Address (Business)</u>	<u>Address (Home)</u>

**DIRECT DEPOSIT SERVICES ENROLMENT / AUTHORIZATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Social insurance number  
(if contract belongs to an individual) \_\_\_\_\_

or Business number (CCRA)  
(if contract belongs to a company/business) \_\_\_\_\_

Date of birth  
(if not a company) \_\_\_\_\_  
day / month / year

**FINANCIAL INSTITUTION**

Name of financial institution \_\_\_\_\_

Address \_\_\_\_\_

Account number \_\_\_\_\_

***(Do not forget to enclose a "VOID" sample cheque)***

**AUTHORIZATION**

I hereby authorize and request Assumption Life credit to my account with the financial institution above any payments due to me. I have enclosed an unsigned "VOID" sample cheque. I may cancel this authorization at any time upon written notice.

\_\_\_\_\_  
**Broker's Signature**

\_\_\_\_\_  
**Date**