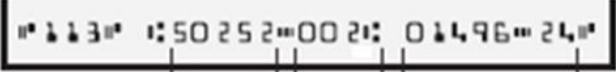


**Direct Deposit Authorization**

<b>General Information</b>	<p>First Name: _____ Last Name: _____</p> <p>Address: _____          _____          _____</p> <p>Telephone: _____</p> <p>Policy: _____</p> <p>Division: _____</p> <p>Certificate: _____</p>			
<b>Banking Information</b>	<p>Please attach a blank cheque marked "VOID" or provide your banking information below, if no cheque is available.</p> <p style="text-align: center;">Name of Financial Institution:          _____</p> <p style="text-align: center;">Address of Financial Institution: _____          _____          _____</p> <p>Insert the numbers found on the bottom of the cheque, as shown in the following example.</p> <p>Branch Number:      <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Financial Institution Number:      <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Account Number: _____</p> <div style="text-align: center; margin-top: 10px;">  <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Branch Number</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Financial Institution Number</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Account Number</td> </tr> </table> </div>	Branch Number	Financial Institution Number	Account Number
Branch Number	Financial Institution Number	Account Number		
<b>Authorization</b>	<p>I hereby authorize and request Assumption Life to credit payments due to me to my account with the financial institution specified above or found on the attached cheque.</p> <p>This authorization may be cancelled at any time upon written notice by me.</p>			
<b>Date &amp; Signature</b>	<p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Authorized Signature</span> <span>Date (DD/MM/YYYY)</span> </p>			