



RBC Insurance

Authorization for Direct Deposit

RBC Life Insurance Company

Please Print:

Name (as shown on license): _____ Advisor Code: _____

Address: _____ Apt#: _____

City: _____ Prov.: _____ Postal Code: _____

Attach pre-printed cheque marked "VOID".

- The information on the cheque must be for the account to which you would like the payments deposited and must be in the same name as the License.
- The name must be pre-printed by the financial institution on the cheque.

Financial Institution: Have your financial institution complete the following section **only if** a pre-printed cheque marked void is not provided.

Institution Name: _____

City: _____ Province: _____

Transit No.	Institution No.	Account No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name(s) of Account Holder(s):

Please Place
Branch Stamp
in this Area

Advisor Authorization

I authorize RBC Life Insurance Company, until further notice by the undersigned, to deposit payments due to me into my designated account with the Financial Institution outlined above.

Date

Signature

Please return this form to the attention of: Licensing, Contracting and Compensation Services

By Mail: RBC Life Insurance Company
P.O. Box 515, Station A
Mississauga, ON L5A 4M3

By Fax: 1-877-280-9742

By Email: inslccs@rbc.com