



**RBC  
Insurance**

**AUTHORIZATION FOR DIRECT DEPOSIT**

**PLEASE PRINT**

INDEPENDENT REPRESENTATIVE NAME (AS SHOWN ON LICENCE)	INDEPENDENT REPRESENTATIVE CODE (S)
ADDRESS:	
CITY & PROVINCE	POSTAL CODE

**Attach a sample cheque marked "VOID".**

BANK NAME											
BANK ADDRESS											
BANK ACCOUNT DETAILS	BANK #	BRANCH #	ACCOUNT #								

**PLEASE NOTE:** If "void" cheque does not accompany this authorization, please have a bank official confirm account information and sign below:

**BANK OFFICIAL:**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

I authorize RBC Life Insurance Company to credit payments due to me to my account with the Financial Institution designated above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Endorsed by (if applicable):**

\_\_\_\_\_ General Agent / Managing General Agent

\_\_\_\_\_ Authorized Signature