



ADVISOR DIRECT DEPOSIT INFORMATION FORM

Producer/Agency Name: _____ Number(s): _____

I direct Equitable® to deposit all compensation to the following account at:

Name of Bank: _____

Address of Bank: _____

Bank Account Holder Name: _____

Bank Transit Number: _____ ☐ Change to Existing Banking

Account Number: _____

I acknowledge that any T4A shall be in my license/contract name regardless of the bank account holder's name.

Producer/Agency Signature _____

Name: _____ Date: _____

The Agency directly responsible for the agency or producer must authorize by signing below

NA, MGA or AGA Name: _____

NA, MGA or AGA Signature _____ Date: _____

Please attach a Pre-Authorized Payment form from your financial institution or a void cheque or we will be unable to process your request

Note: Equitable® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 722 6615.