

Last Name		First Name		Certificate No.	
No., Street, Apartment				Policy or Group or Contract No.	
City				Telephone Nos.	
Province		Postal Code		Home: ()	
				Office: ()	

I hereby authorize Desjardins Financial Security Life Assurance Company to deposit my claim payment, through the **DIRECT DEPOSIT** system, into my account at the financial institution indicated below:

NAME AND ADDRESS OF FINANCIAL INSTITUTION _____

 _____ Identification No. (transit) _____

Account No. _____
(Please include a specimen cheque marked "VOID")

Any credit entered in my account in accordance with this authorization will be identified with a **DIRECT DEPOSIT** transaction code and I acknowledge that the credit in question shall constitute an amount paid in accordance with this authorization.

This authorization will become effective as of _____ .
 The authorization will terminate following a 10-day written notice by either Desjardins Financial Security Life Assurance Company or myself.

Signature _____ Date _____

RETURN TO: Desjardins Financial Security Life Assurance Company
 C.P. 3950
 Lévis (Québec)
 G6V 8C6