

~~date~~ OCTOBER 13, 2009

Great - West Life  
Attention: Patti Thorvaldson  
Group Retirement Services  
PO Box 7200 Stn. Main  
Winnipeg, MB R3C 4W4

Dear Patti,

*Name of plan*  
**Group Retirement Plan**

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Please accept this letters as authority to electronically debit our company's bank account. We understand that Great-West Life, as the administrator of group retirement products issued by London Life, will only debit our account upon instruction from the plan administrator along with the appropriate contribution information.

Please use the following banking information:

Bank Number:	00001
Branch Code:	004
Transit Number:	001
Account Number:	000000
Company Name:	ABC COMPANY
GRS Client Number:	12345

Yours truly,



~~Name of signing authority~~ BETTY SMITH  
~~Title of signing authority~~ FINANCE OFFICER

\* THIS FORM NEEDS TO BE ACCOMPANIED WITH A VOID CHEQUE \*