

PROVIDER AUTHORIZATION FOR CHEQUE COLLECTION EB 278

Please complete **all** areas of this form and return to **Guardian Life Limited**. The information provided will be kept to confirm your authorization of the person collecting cheques on your behalf.

Provider Name _____

Address of Provider _____

Provider ID # _____ **Fax No.** _____

Tel. No. (Mobile) _____ **(Office)** _____

E-mail Address _____

I, _____ ,
(Name of person from provider's office)

hereby authorize Guardian Life Limited to disburse cheques for

(Name of provider/company)

to _____
(Name of person to collect cheques)

Please be advised that the person(s) assigned to collect cheque(s) will be required to present a valid photo ID (Passport/Driver's Licence/National Identification).

Provider's Signature _____

Date: _____