

Referral Agent Application Form



Part I – Referral Agent Information

Referral Agent			
Business Name			
Business Address		City	Province Postal Code
Business Phone Number		Fax Number	
Type of Business	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Franchise
Signing Officers (Applicable to partnerships and corporations – Maximum of 3)			
Name		Address	Phone Number
_____		_____	_____
_____		_____	_____
_____		_____	_____
Company License Number		License Expiry Date (DD/MM/YYYY)	
Date Business Established (DD/MM/YYYY)		Errors & Omissions Insurance Provider	Policy Number
Principal Contact		Position	License Number
Phone Number		Cell Phone Number	Email

The Agent/Advisor consents and agrees that Wealth One Bank of Canada may perform reference checks and may submit the name of the Agent/Advisor for screening via the provincial industry regulator and/or other sources to confirm a valid license and is a member in good standing.

Referral Agent Signature (Principal Contact) : _____ Date: _____

Part II – Authorization for Direct Deposit

Authorization for Direct Deposit for Referral Commission Payments

Depository Name: _____

Signature: _____

Date: _____

Attach Pre-printed Void Cheque with Company Name and Banking Details

OR

Pre-authorized Debit Form Issued by the Referral Agent's Financial Institution