

# Mortgage Originator Authorization Form

Given Names(s) \_\_\_\_\_ Surname \_\_\_\_\_  
License # \_\_\_\_\_ Mortgage Brokerage Name \_\_\_\_\_

## Service Address

Street Address \_\_\_\_\_  
City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Check which describes you best:

Full-time Agent       Part-time Agent

Will you act as the Submitting Agent?

Yes       No

Total Years in Mortgage Industry \_\_\_\_\_

If No, who will submit on your behalf?

Average Yearly Volume (\$) \_\_\_\_\_

Current Business Mix:

Residential 'A'       Residential 'B'

## Consent

I would like to receive communications from IC Savings including news about mortgage rates, products and other announcements. I understand I can withdraw my consent at any time by notifying [marketing@icsavings.ca](mailto:marketing@icsavings.ca)

Originator Signature \_\_\_\_\_ Date (DD/MM/YEAR) \_\_\_\_\_