

PAYMENT AUTHORIZATION FORM

NEW REQUEST
 CHANGE OF EXISTING INFORMATION

INSURANCE COMPANY

LIST ALL POLICY NUMBERS APPLICABLE TO THIS PAYMENT AUTHORIZATION

1. INSURED'S FULL NAME AND POSTAL ADDRESS

BROKER'S FULL NAME AND POSTAL ADDRESS

FIRST NAME

MIDDLE NAME

LAST NAME

CONTACT NUMBER

BUSINESS
 HOME
 FAX

CONTACT NUMBER

BUSINESS
 HOME
 FAX

COMPANY'S CLIENT ID:

BROKER'S CLIENT ID:

EMAIL ADDRESS

2. METHOD OF PAYMENT

2A. CREDIT CARD INFORMATION - All credit cards listed below may not be supported by the insurance company. Please refer to your broker and/or company.

AMERICAN EXPRESS

CARD NUMBER

EXPIRY DATE

DINERS CLUB

DISCOVER

MASTERCARD

VISA

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE

MONTH

YEAR

AMOUNT

\$ _____

FREQUENCY

NEXT WITHDRAWAL DATE YYYY | MM | DD

DOWNPAYMENT

AMOUNT \$ _____

ADDITIONAL CHARGES \$ _____

OR _____ %

DESCRIBE: _____

2B. ACCOUNT INFORMATION

NAME OF ACCOUNT HOLDER

ADDRESS OF ACCOUNT HOLDER

CITY

PROVINCE

POSTAL CODE

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY

PROVINCE

POSTAL CODE

ACCOUNT INFORMATION

(Account must provide chequing privileges)

TRANSIT NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

ATTACH VOID CHEQUE

AMOUNT

\$ _____

FREQUENCY

NEXT WITHDRAWAL DATE YYYY | MM | DD

DOWNPAYMENT

AMOUNT \$ _____

ADDITIONAL CHARGES \$ _____

OR _____ %

DESCRIBE: _____

ACCOUNT HOLDER'S SIGNATURE

ACCOUNT HOLDER'S SIGNATURE

DATE YYYY | MM | DD

Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned.

3. CONSENT AND DISCLOSURE

MY / OUR SIGNATURE CONFIRMS THAT:

- I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our financial institution account.
- I/We hereby authorize the above named financial institution to debit my / our account for all payments payable to: _____ in payment of the insurance premiums and any applicable charges and taxes.
- I/We understand that this authorization may be cancelled by me / us upon written request.
- I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and insurance company to collect, use and disclose any of this personal information subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct insurance payments from my account at the financial institution named above.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.

AUTHORIZED SIGNATURE

INSURED SIGNATURE

DATE YYYY | MM | DD

AUTHORIZED SIGNATURE

INSURED SIGNATURE

DATE YYYY | MM | DD