



Unica Insurance Inc.

Pre-Authorized Variable Debit (PAD) Agreement

To enroll, please complete and sign this Agreement below and attach a sample cheque marked "Void":

Name:		Policy Number:	
Bank/Financial Institution:	Bank Transit and Account Number:	Withdrawal Date:	

In accordance with the payment schedule provided with my/our policy I/we authorize Unica Insurance Inc. and the financial institution designated (or any other financial institution that I/we may authorize at any time) to begin deductions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges including any applicable financing charges and taxes arising from my/our contract of insurance. Regular monthly payments will be debited to my/our specified account on the date indicated on my/our payment schedule. The amount of the payments may be increased or decreased at a later date as a result of the renewal of the policy, endorsements or cancellation. If changes are to be made to the payment schedule, Unica Insurance Inc. will advise in writing at least 10 days prior to the next debit to my/our account. Upon renewal of my/our policy the first payment will be withdrawn in the month prior to the renewal date.

I/we agree that for purposes of this Agreement, all pre-authorized debits from my/our account will be treated as Variable amount pre-authorized debits. I/we also agree that, for the purpose of this Agreement, all pre-authorized debits from my/our account will be treated as Personal payments.

This authorization is to remain in effect until Unica Insurance Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel this PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Unica Insurance Inc.
7150 Derrycrest Drive, Mississauga On L5W 0E5
Tel: (905) 677-9777; Toll free: (800) 676-0967
Fax: (905) 696-3660 / 1-877-526-3633
E-mail: accounts@UnicaInsurance.com

In the event that a pre-authorized payment is returned due to insufficient funds (NSF), Unica Insurance Inc. is authorized to resubmit the payment within 3 business days.

I/we understand that a service fee in the amount specified in the payment schedule will be charged for any payment authorized but not honoured.

Unica Insurance Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Signature: _____

Date: _____

(For a joint account, all account holders must sign if more than one signature is required on cheques issued against the account)