



PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY

POLICY NUMBER

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 CLIENT ID:

BROKER'S CLIENT ID:

EMAIL ADDRESS

POSTAL CODE

POSTAL CODE

2. CREDIT CARD INFORMATION

- AMERICAN EXPRESS (AMEX)
- DINERS CLUB
- DISCOVER
- MASTERCARD
- VISA

CARD NUMBER

EXPIRY DATE

____/____/____
MONTH YEAR

DATE OF WITHDRAWAL

YYYY | MM | DD

AMOUNT

\$ _____

FREQUENCY

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE

3. FINANCIAL INSTITUTION INFORMATION

NEW

CHANGE OF INFORMATION

NAME OF ACCOUNT HOLDER (PERSON PAYING PREMIUM IF OTHER THAN INSURED)

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY

PROVINCE/TERRITORY

POSTAL CODE

ACCOUNT INFORMATION
(Account must provide chequing privileges)

TRANSIT

BANK

ACCOUNT NUMBER

AMOUNT

\$ _____

DATE OF WITHDRAWAL

YYYY | MM | DD

FREQUENCY

4. 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 bank 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.

ACCOUNT HOLDER SIGNATURE

DATE

YYYY | MM | DD

ACCOUNT HOLDER SIGNATURE

DATE

YYYY | MM | DD

If more than one signature is required on cheques issued against this account, all account holders must sign this authorization.

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

ATTACH VOID CHEQUE