

Electronic Funds Transfer Payment Authorization Form

Name of Insurance Company _____

Customer _____

Named Insured _____

Address _____

City, Prov. _____

Postal _____

Financial Institution Information

Bank Name _____

Routing/Transit # _____

BANK/Institution # _____

Account # _____

Name On Account _____

My/Our Signature confirms that:

I/We have been provided with the details of and understand the terms and conditions of the payment by automatic withdrawals from my/our bank account.

I/We hereby authorize the above named financial institution to debit my/our account for all 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.

Account Holder Signature _____ Date _____

Account Holder Signature _____ Date _____

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