

UNIVERSAL PREMIUM PAYMENT AUTHORIZATION

POLICY NUMBER

Broker/Agent

() New () Bank Change Information

Insured

Surname

Given Name

Initials

Address

Apt. No.

Street

City or Town

Province

Postal Code

Financial Institution:

Address:

Street

City or Town

Transit No.

Bank No.

Acc't. No.

I/we have been provided with the details, 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 to:

Insurer's Name

in payment of the insurance premiums, including renewals thereof together with any applicable charges and taxes. Your treatment of each withdrawal shall be the same as if

I/we had personally issued a cheque and I/we will ensure that funds are available to cover the amount of the withdrawal.

I/we understand that this authorization may be cancelled by me/us upon written notice.

Date Account Holder Signature

Date Account Holder Signature

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

PLEASE ATTACH A SAMPLE OF YOUR CHEQUE MARKED VOID