PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY	POLICY NUMBER

INSURED'S FULL NAME AND POSTAL ADDRESS	BROKER'S FULL NAME AND POSTAL ADDRESS
FIRST NAME MIDDLE NAME LAST NAME	
POSTAL CODE	POSTAL CODE

CONTACT:	CONTACT:	COMPANY CLIENT ID:	BROKER'S CLIENT ID:
☐ PHONE ____	☐ PHONE ____		
☐ FAX ____	☐ FAX ____		
☐ EMAIL ____	☐ EMAIL ____		

CREDIT CARD INFORMATION

☐ VISA	CARD NUMBER
☐ MASTERCARD	EXPIRY DATE (MONTH / YEAR) — DATE OF WITHDRAWAL ____ YYYY | MM | DD
☐ AMERICAN EXPRESS	AMOUNT $ ____ — FREQUENCY ____
☐ OTHER ____	

NAME AS SHOWN ON CREDIT CARD	CARDHOLDER'S SIGNATURE

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

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.

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.

ATTACH VOID CHEQUE

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