

- AXA Insurance (Canada)
- AXA Pacific Insurance Company



Here's How to Enroll:

- 1) Complete and sign the Authorization Form.
- 2) Attach a sample cheque marked "VOID" to the back of the Authorization Form.
- 3) Return Authorization Form and sample cheque to your Broker.

(Please Print)

## AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN

### PERSONAL INFORMATION

NAME (Surname first): \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE: Res.: \_\_\_\_\_ Bus.: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 BROKER: \_\_\_\_\_ BROKER NO.: \_\_\_\_\_

### BANKING INFORMATION

BANK/FINANCIAL INSTITUTION: \_\_\_\_\_  
 BRANCH ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_ BR.TRANS.: \_\_\_\_\_

PLEASE CIRCLE ONE WITHDRAWAL DATE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

I/we hereby authorize the above named Bank/Financial Institution to debit my/our account each month for all payments payable to AXA Insurance (Canada) or AXA Pacific Insurance Company in payment of my/our insurance premiums which will be collected monthly in advance. The Bank's/Financial Institution's treatment of each payment will be the same as if I/we had personally issued a cheque authorizing them to pay as indicated and to debit the amount specified to my/our account.

Any delivery of this authorization to AXA Insurance (Canada) or AXA Pacific Insurance Company constitutes delivery by me/us.

This authorization may be cancelled at any time by written notice by me/us.

I/we will ensure that funds are available by the agreed withdrawal date to cover the amount of the withdrawal as specified to me/us by AXA Insurance (Canada) or AXA Pacific Insurance Company. I/we understand that if **Sufficient Funds** are not available that the policy(s) may be subject to a returned item service charge and/or may be cancelled for non-payment of premium.

I/we understand that interest may be charged and spread over the instalments.

See back of form for more detailed terms and conditions.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

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

## CREDIT CARD PAYMENT AUTHORIZATION FOR SINGLE PAY PLAN ONLY

Please complete the portion below **ONLY** if you are paying your policy in **FULL** :

Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Card #: _____	Amount: _____
Card Effective Date (MM/YY): _____	Card Expiry Date (MM/YY): _____	Policy #: _____
Card Holder Name: _____	Card Holder Signature: _____	