

HOLMAN INSURANCE BROKERS LTD.

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TELEPHONE PREMIUM PAYMENT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER	AMOUNT OF AUTHORIZATION \$
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Insured	Surname	Given name	Initials	Policy #

Address	Street	City or Town	Province	Postal Code

Financial Institution Name and address:

	Transit No.	Bank No.	Account No.

I/we have been provided with the details, terms and conditions of the payment due and agreed to automatic withdrawal from my/our bank account.
I/we hereby authorize the above named financial institution to debit my/our account for the payment.

The treatment of this 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.

Date		Time		Authorized Customer Service Broker	
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If more than one signature is required on cheques issued against this account, we require both account holders to confirm this authorization.

In the event of an NSF, a \$50 service charge will apply.