ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA *ISSUED ON BEHALF OF* **FACILITY ASSOCIATION**

PREMIUM PAYMENT AUTHORIZATION CARD ***PLEASE PRINT***

Broker:

Policy Number

Payer (Surname first):

Insured Name:

ADDRESS: _____

CITY/TOWN: _____ PROVINCE _____ POSTAL CODE _____

BANK/FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

CITY/TOWN: _____ PROVINCE _____ POSTAL CODE _____

TRANSIT NO: | | | | | | BANK: | | | | ACCOUNT NUMBER: | | | | | | | | | | | | |

NOTE: ONLY ACCOUNTS WITH CHEQUING PRIVILEGES ARE ELIGIBLE

- I/We hereby authorize the above named bank/financial institution to debit my/our account each month for all payments payable to **Royal & Sun Alliance Insurance C** issued on behalf of **Facility Association** in payment of my/our **insurance premiums** which will be collected **monthly** in advance. The bank's/financial institution's tre 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.
- Monthly payment amounts may vary.
- Any delivery of this authorization to Royal & Sun Alliance Insurance Company of Canada issued on behalf of Facility Association constitutes delivery by me/us.
- This authorization may be cancelled at any time by written notice by the insured or Royal & Sun Alliance Insurance Company of Canada issued on behalf of Facility Asso
- The payer will ensure that funds are available to cover the amount of withdrawal as specified to the insured by Royal & Sun Alliance Insurance Company of Canada issue Facility Association.

DATE PAYER SIGNATURE(S)