Reset Form

CSIO CEPA

PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY | POLICY NUMBER

1. INSURED'S FULL NAME AND POSTAL ADDRESS

FIRST NAME | MIDDLE NAME | LAST NAME

POSTAL CODE

CONTACT NUMBER ☐ BUSINESS ☐ HOME ☐ FAX

CONTACT NUMBER ☐ BUSINESS ☐ HOME ☐ FAX

EMAIL ADDRESS

BROKER'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

COMPANY CLIENT ID:

BROKER'S CLIENT ID:

2. CREDIT CARD INFORMATION

- ☐ AMERICAN EXPRESS (AMEX)
- ☐ DINERS CLUB
- ☐ DISCOVER
- ☐ MASTERCARD
- ☐ VISA

CARD NUMBER

EXPIRY DATE MONTH YEAR

DATE OF WITHDRAWAL YYYY | MM | DD

AMOUNT $

FREQUENCY

NAME AS SHOWN ON CREDIT CARD | CARDHOLDER'S SIGNATURE

3. 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

AMOUNT $

DATE OF WITHDRAWAL YYYY | MM | DD

FREQUENCY

4. CONSENT AND DISCLOSURE

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.
- I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct insurance payments from my account at the financial institution named above.

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.

Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned.

ATTACH VOID CHEQUE

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