



Group Insurance Solutions

PRE-AUTHORIZED CHEQUING PLAN AUTHORIZATION FORM

Name _____

Address _____

City/Province/Postal Code: _____

The bank specified below is authorized and requested to debit my account in accordance with this agreement for all authorizations for the amounts due monthly to Western Financial Group Insurance Solutions under all policies applied for.

Bank Name or Financial Institution: _____

Branch Address: _____
City/Province Postal Code

- I/We hereby authorize the above named bank or financial institution to debit my/our account each month for all payments payable to Western Financial Group Insurance Solutions in payment of my/our insurance costs.
Your treatment of each cheque or debit shall be the same as if I/we had personally issued a cheque.
Delivery of this authorization to you constitutes delivery by me/us.
This authorization can be cancelled by me/us at any time upon written notice.
I/We will ensure that funds are available to cover the amount of withdrawal, as notified to me/us by the Company.
\$40.00 will be assessed per P.A.C. returned non-sufficient funds (NSF).

Please attach a void cheque and complete the following information which is found on the bottom of your cheque as per the sample below. This information is required to ensure funds are withdrawn from the correct account.

(1) Transit # (5 digits) (2) Bank # (3 digits) (3) Account # (various)

Sample:

Form showing sample fields: Name, Address, Pay to, Bank/Credit Union, and Transit/Bank/Account numbers.

Signature _____

Date: _____