

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 (Network) Inc. under all policies applied for.

Bank Name or Financial Institution: _____

Branch Address: _____

City/Province

Postal Code

- You authorize Western Financial Group (Network) Inc. and the financial institution designated (or any other financial institution you may authorize at any time) to begin deductions as per your instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising or payable to Western Financial Group (Network) Inc. in payment of your insurance costs. This authorization includes any revised payment amounts, late charges, default charges or other fees or amounts due to Western Financial Group (Network) Inc. may become due. Regular monthly payments for the full amount of services delivered will be debited to your specified account on the payment date referenced in your payment schedule. Western Financial Group (Network) Inc. will provide advance notice if there is a change in the amount of each regular debit. Western Financial Group (Network) Inc. will obtain your authorization for any other one-time or sporadic debits.
- This authority is to remain in effect until Western Financial Group (Network) Inc. has received written notification from you of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at the address provided below. You may obtain a sample cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.payments.ca. Western may assign this authorization by providing ten days' notice to you. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.
- You acknowledge this authorization is ongoing and will automatically renew unless you have not chosen to renew your services automatically or unless it is cancelled by Western Financial Group (Network) Inc. with notice.
- You will ensure that funds are available to cover the amount of withdrawal, as notified to you per the above.
- \$40.00 will be assessed per payment returned for non-sufficient funds (NSF).

Please attach a void cheque or Direct Deposit Form from your financial institution. This information is required to ensure funds are withdrawn from the correct account.

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

Sample:

Name	_____ 19 _____	
Address	_____	
Pay to	_____ \$ _____	
	_____ /100 Dollars	
Bank/Credit Union	_____	
(1)	(2)	(3)
09267:	002:	638:194:02
(Transit)	(Bank)	(Account Number)

Signature _____ Date: _____

Originator I.D. No.: _____ Client #: _____ Data: _____ Date: _____