



Pre-Authorized Debit (PAD) Authorization <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF INFORMATION			
INSURED'S FULL NAME AND POSTAL ADDRESS		BROKER'S FULL NAME AND POSTAL ADDRESS	
	POSTAL CODE		POSTAL CODE
FINANCIAL INSTITUTION INFORMATION			
NAME(S) OF ALL ACCOUNT HOLDERS ON CHEQUING ACCOUNT TO BE DEBITED			
NAME AND ADDRESS OF FINANCIAL INSTITUTION			
ACCOUNT INFORMATION <i>(Account must provide chequing privileges)</i>	BRANCH TRANSIT NUMBER <i>(5 digits)</i>	FINANCIAL INSTITUTION NUMBER <i>(3 digits)</i>	ACCOUNT NUMBER
Please complete the Pre-Authorized Debit (PAD) Agreement below.			
TYPE OF SERVICE <input type="checkbox"/> Personal Insurance <input type="checkbox"/> Business Insurance			
<p>The account holders (called "you") authorize Chartis Insurance Company of Canada (Chartis or we or us) and the financial institution shown above (or any other financial institution you may subsequently advise us of at any time) to debit the account indicated above (or any other account you may subsequently advise us of at any time) as per your instructions for regular monthly recurring payments and/or one-time or sporadic payments from time to time, for payment of insurance premiums under your insurance policy. Withdrawals from your account may be variable amounts, as they may change in accordance with your insurance contract and as required to administer your policy. Your specified account will be debited on the 21st day of each month or the next business day. You waive the right to receive further notice of the amount and date of each automatic withdrawal from your account. If the financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Chartis may attempt to withdraw that amount again together with your next month's automatic monthly withdrawal.</p> <p>This authority shall remain in effect until Chartis has received written notification from you to change or terminate it no less than fifteen (15) business days before the next debit is scheduled. 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.cdnpay.ca. Chartis may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to you.</p> <p>You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement from us 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.cdnpay.ca</p>			
ACCOUNT HOLDER SIGNATURE		DATE	
JOINT ACCOUNT HOLDER SIGNATURE <i>(if applicable)</i>		DATE	
ATTACH VOID CHEQUE HERE - If more than one signature is required on cheques issued against this account, all account holders must sign this authorization.			

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