	<b>ilwanesa</b> MAC Al Isurance	JTHORIZATION	FORM	Office Use Only	MAC#	
☐ Business P	usiness Policy Personal Policy Change to B		Bank Information		Policy #	
Name				Withdrawal D	ate (select day	s 1-28)
Address	(Street)		(Town/City)		(Province)	(Postal Code)
Name of Bank/	Financial Institution	Ac	Account #			
If NSF situations occ	ur in any policy term, I/we risk cancellation	n of all my/our Wawanesa policies I	hat are on the MAC Plan, NSF fee	s will be charged for insu	Ifficient funds	
Please list policy numbers on The MAC Plan						
	ur broker and insurance company to collec- conal information, for the purposes necess			subject to the law and to i	my/our broker's or ins	surance company's
Signature				Date Signed (M/D/Y)		
	For a joint account, all required signing of	flicers must sign				
Signature of Joint Account Holder if applicable				Date Signed (M/D/Y)		
	/we are bound by the Important Conditions ok of this authorization form.	and the Consent & Disclosures		PLEASE ATTACH A	SAMPLE CHEQU	B003-102015

## **IMPORTANT CONDITIONS**

I/We authorize The Wawanesa Mutual Insurance Company to withdraw money from my/our account at the financial institution named on the void cheque (or any other account I/we give notice that I/we switch to) to pay my/our insurance premium and service charge. I/We understand the following:

- . The policy term must be 12 months in order to qualify for the MAC plan.
- . Notification of any changes to the banking information must be provided to Wawanesa two (2) weeks prior to the next scheduled installment.
- . I/We must ensure that funds are available each month to cover the amount of withdrawal as specified by The Wawanesa Mutual Insurance Company. NSF fees will be charged for insufficient funds.
- All monthly withdrawals are equal to 1/12 of the annual premium plus applicable service charge.
- . If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.

## **CONSENT & DISCLOSURES**

If non-negotiable payment situations occur in any policy term, I/we risk cancellation of all my/our policies that are on Pre-Authorized Debit (PAD). NSF fees will be charged for insufficient funds and will be withdrawn from my/our account.

I/We agree to waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PADs before the debit is processed.

I/We may revoke my/our authorization at any time, subject to providing notice of 10 days. To obtain a sample cancellation form, or for more information on my/our right to cancel this agreement, I/we may contact my/our financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not

authorized or is not consistent with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. The undersigned agrees that an electronic reproduction of this document shall be binding upon the undersigned as if it were the original.

You can obtain further information about Wawanesa Insurance's Personal Information Protection Policy from Wawanesa Executive Office, Box 1530 Wpg, MB R3C 2Z4 or at www.wawanesa.com/privacy.asp.
Please contact your local Broker if you have any questions or changes.