

58 Hamilton St, Goderich, ON N7A 1P9 wawains@wwmic.com

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD'S)

I/we authorize West Wawanosh Mutual Insurance Company and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. West Wawanosh Mutual Insurance Company will provide 10 days written notice of the schedule for each regular debit. West Wawanosh Mutual Insurance Company will obtain my/our authorization for any other one-time or sporadic debits. All amounts debited will be in Canadian funds.

This authority is to remain in effect until West Wawanosh Mutual Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided above. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

West Wawanosh Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without giving at least 10 days prior written notice to me/us.

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 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 my/our recourse rights. I/we may contact my/our financial institution or visit www.cdnpay.ca.

	Name	Home Tel	onhone #	Business Teleph	ana #		
			chilolic #	business relepii	one #	Email Address	
				-			
Address (# Street Name, City/Town, Province, Postal Code							
		•					
	Insurai	nce Policy	# & Policy	holder Identification	n Nun	nber	
2. T	ype of Insurance Policy (Chec	•					
	 Personal Property and/or Automobile Business Property and/or Automobile 						
 Amount of Payment: The amount may vary from month to month and will be according to the Amount Due on the more recent Billing Statement. Pre-notification of amount changes will be disclosed in a revised Billing Statement at least business days prior to the next scheduled Payment date. 							
4. P	Payment Interval (Check one):	ment Interval (Check one):		☐ Quarterly (farm policies o		terly (farm policies only)	
5. P	Payment Date (Check one):		1st		15th		
6. B	Bank Account (Please Print Cle	early):					
	PLEASE	ATTACH A	VOID CHEC	UE OR BANK CONF	IRMATI	ON	
Name of Financial Institution							
Branch Address							
	Town/City		Provin	ce		Postal Code	
	Transit #	BANK ID		ID	CDN Bank Account #		
UTHORIZED SIGNATURE(S):				DATE:			