

Request for Pre-Authorized Payment Plan

Company Name _____ Firm Number _____

Contact Name (Please Print) _____
First Initial Last

Address _____

City Province Postal Code

I authorize the Chambers of Commerce Group Insurance Plan to make withdrawals for the payment of monthly premiums.

I authorize the Chambers of Commerce Group Insurance Plan to debit the account below on the 1st day of each month. **I have attached a sample cheque, marked "VOID"** to verify the necessary bank account details. The monthly debit is for group insurance premium. The amount may be variable and I will receive notice of the debit by mail approximately 3 business days before the 1st of each month. However, I will not receive notice of subsequent months' debits until such time as the amount changes.

I understand that this agreement may be revoked at any time by providing 30 days written notice. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. I understand that I may obtain further information on my right to cancel / recourse rights by contacting my financial institution, or by visiting www.payments.ca.

I understand that to change the account from which pre-authorized payments will be withdrawn, I must provide the updated account information no later than the 15th of the current month for the premium to be withdrawn from the new account on the 1st of the following month. I acknowledge that bank account changes received after the 15th of a month cannot be guaranteed to be changed in time to withdraw the following month's premium.

BANK ACCOUNT INFORMATION

Bank Name _____

Branch/Transit Number _____ Bank Number _____ Account Number _____

Branch Address _____

Authorized Signature _____ Date _____

The account you choose must have chequing privileges.