

**Important:** Fill out in block letters and answer each section as accurately as possible.

I, the undersigned, the payer, authorize UV Insurance to debit my account at the financial institution referred to below of the amounts due to UV Insurance under the insurance contract mentioned below.

**Section A – Owner's Information**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Section B – Payer's Information**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. Date of Birth [ Y | Y | Y | Y | M | M | D | D ]      3. Sex  M  F

4. Primary Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code [ | | | | | ]

5. For a legal entity, please provide the business number (NEQ or BN) \_\_\_\_\_  
In addition, please complete the form (EQC088).

6. Main Telephone [ | | | | ]-[ | | | | ], ext. [ | | | | ]     Cell phone     Home     Office

7. Email \_\_\_\_\_

**Section C – Banking Information**

1. Name of Financial Institution \_\_\_\_\_

2. Branch Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code [ | | | | | ]

3. Type of Account  Checking  Savings      4. Type of Service  Personal  Business

5. Transit Number [ | | | | | ] Institution Number [ | | | | ] Account Number \_\_\_\_\_

6. Frequency  Monthly  Annual

7. Please take the first payment in the account  Yes  No

8. I wish that the withdrawals be made on the \_\_\_\_\_ (between the 1<sup>st</sup> and 28<sup>th</sup>) day of each month OR on the due date for annual payments.

**Important :** Attach a void cheque from your financial institution.

**Section D – Details regarding the request**

I hereby request for contract # \_\_\_\_\_

a change of mode of payment;

a change of account for an existing pre-authorized debit;

that UV Insurance exceptionnaly debit an amount of \$ \_\_\_\_\_ from my account as of [ Y | Y | Y | Y | M | M | D | D ];

that UV Insurance ceases any debit from my account regarding contract n° \_\_\_\_\_. I understand that this contract could be terminated following this request if the premium is not paid in the given delay.

## Section E – Declaration

This authorization should be read as plural if signed by more than one person.

This authorization is to remain in force until UV Insurance has received written notice from me of its change or cancellation. This notice must be received at least ten (10) business days before the next debit at UV Insurance's head office. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

UV Insurance may not assign this authorization, directly or indirectly, by application of the law, change of control or otherwise, without at least ten (10) days' written notice.

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 PAD agreement.

To obtain a reimbursement form or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## Section F – Signatures

Signed at \_\_\_\_\_ | Y | Y | Y | Y | M | M | D | D |

**X** \_\_\_\_\_  
Signature of account holder 1\*

**X** \_\_\_\_\_  
Signature of account holder 2\*

**X** \_\_\_\_\_  
Signature of contract owner

\* If this is a joint account where multiple signatures are required, all account holders must sign the authorization.