



Direct Bill Payment Authorization

- Here's How to Enroll:
- 1) Complete and sign the Authorization Form.
 - 2) Attach a sample cheque marked "VOID" to the back of Authorization Form.
 - 3) Return Authorization Form and sample cheque to your Broker.

AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN

(Please Print)

PERSONAL INFORMATION

NAME (Surname First): _____ POLICY NUMBER: _____
 ADDRESS: _____
 CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE: (Res): _____ (Bus): _____ (Ext): _____
 BROKER: _____ BROKER NO: _____

The account that the Payee is authorized to draw upon is indicated below. A specimen cheque has been marked "VOID" and attached to this authorization. I (we) undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next payment due date.

BANKING INFORMATION

BANK/FINANCIAL INSTITUTION: _____
 BRANCH ADDRESS: _____
 CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____
 CHEQUING ACCOUNT NO: _____ BR. TRANSIT: _____

**NOTE: The option to choose the withdrawal date is only available for policies starting with "PER00".
 For all other policies, the withdrawal date will be the same as the effective date of the policy.**

PLEASE CIRCLE ONE
 WITHDRAWAL DATE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

I (we) hereby authorize the above named Bank/Financial Institution to debit my (our) account each month for all payments payable to AXA Pacific Insurance Company in payment of my (our) insurance premiums which will be collected monthly in advance. The Bank's/Financial Institution's treatment of each payment will be the same as if I (we) had personally issued a cheque authorizing them to pay as indicated and to debit the amount specified to my (our) account.

Any delivery of this authorization to AXA Pacific Insurance constitutes delivery by me (us).

This authorization may be revoked at any time by written notice by me (us). I (we) are aware that revocation of this authorization does not, however, terminate any contract for services between myself and AXA Pacific Insurance Company. My (our) authorization applies only to the payment method and does not otherwise have any bearing on the contract for services exchanged.

I (we) understand and accept this pre-authorized debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in this Payer's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of Rule H1 of the Canadian Payments Association.

I (we) confirm that all depositors whose signatures are required on cheques issued against said account have signed below.

See on page 2 of the form for more detailed terms and conditions.

Date: _____ Signature(s): _____
(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account)

CREDIT CARD PAYMENT AUTHORIZATION FOR SINGLE PAY PLAN ONLY

Please complete the portion below ONLY if you are paying your policy in FULL:

Credit Card: Mastercard Visa Card #: _____ Amount: _____
 Card Expiry Date (MM/YY): _____ Policy Number: _____
 Card Holder Name: _____ Card Holder Signature: _____ x

**AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN
TERMS & CONDITIONS**

1. In this Authorization, "I", "me", and "my" refers to each Account Holder.
2. I agree that my Financial Institution is not required to verify that any Pre-Authorized debit has been in accordance with the particulars of this Authorization, including the amount, frequency and object of the Authorization itself.
3. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
4. I understand that with respect to:
 - (i) fixed amount Pre-Authorized debits, I (we) shall be notified from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Pre-Authorized debit, and such notice shall be received every time there is a change in the amount or payment date(s); or
 - (ii) variable amount Pre-Authorized debits, we shall be notified from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Pre-Authorized debit.
 - (iii) a Pre-Authorized debit plan that provides for the issuance of a Pre-Authorized debit in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Pre-Authorized debit in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
5. I may dispute a Pre-Authorized debit by providing a signed declaration to my Financial Institution under the following conditions:
 - (a) the Pre-Authorized debit was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked;
 - (c) any pre-notification required by section 4 was not received by me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Pre-Authorized debit, I must sign a declaration to the effect that either (a), (b), or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Pre-Authorized debit was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Pre-Authorized debit solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Pre-Authorized debit.

6. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this authorization at least (10) business days prior to the next due date of a Pre-Authorized debit. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Pre-Authorized debits.
7. I understand and agree to the foregoing terms and conditions.
8. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulation which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
9. I agree that AXA Pacific may charge a fee for any Pre-Authorized debit returned or rejected by my financial institution.
10. Services charges apply. Please inquire with your broker.
11. **IMPORTANT NOTICE TO OUR CUSTOMERS:** This information being collected is for the purpose of processing the payment of your insurance policy. As payment processing is handled on AXA Pacific Insurance Company's behalf by a sister company, AXA Insurance (Canada), this necessitates the transfer of this information to them. Your signature implies consent to the transfer of this information.