

# H T & C Mutual Insurance Company

## AUTHORIZATION FOR ANNUAL PRE-AUTHORIZED DEBITS ("PADS") AND CREDIT CARD DEBITS

I/we authorize H T & C Mutual Insurance Company and the financial institution/credit card designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for annual regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. H T & C Mutual Insurance Company will provide written notice with a statement showing the amount of each debit at least 10 calendar days prior to the date of the payment. I/we agree to waive such notice should there be a change in the amount of payment as a result of change(s) requested by me/us. H T & C 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 H T & C 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 below. 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](http://www.cdnpay.ca).

H T & C Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing 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](http://www.cdnpay.ca).

A fee of \$25 will be charged on all NSF payments.

### 1. Policyholder(s) name and address (please print)

Name	Home Telephone #	Business Telephone #	Insurance Policy No.
Mailing Address	City/Town	Province & Postal Code	Type of Policy
			Personal      Business

### 2. Withdrawal Date

Please choose your preferred date by filling in the appropriate box.

15<sup>th</sup> of the month

30<sup>th</sup> of the month.

### 3. Pre-authorized Debit (please print):

Name of Financial Institution		
Branch Address		
Mailing Address	City/Town	Province & Postal Code
Bank branch transit # (5 digits)	Bank # (3 digits)	CDN Bank Account #

### 4. Pre-authorized Credit Card (please print):

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Credit Card Number _____-_____-_____-_____-_____-_____-_____-_____-_____-_____-	Expiration Date (MM/YY) _____-_____-
Cardholder Name:	Cardholder Signature:

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE(S): \_\_\_\_\_

AUTHORIZED SIGNATURE(S): \_\_\_\_\_