



**Please attach a void cheque**

1. POLICY NUMBER		POLICY NUMBER	POLICY NUMBER
2. BANK NAME		3. BRANCH ADDRESS	4. CITY AND PROVINCE
5. TYPE OF ACCOUNT <input type="checkbox"/> savings <input type="checkbox"/> chequing <input type="checkbox"/> personal <input type="checkbox"/> other		6. ACCOUNT NUMBER	7. AUTHORIZATION <i>(Name as it appears in bank records)</i>
AXA Assurances is hereby requested and authorized to draw cheques in its favour from my account under the pre-authorized payment plan. N.B. <b>For a joint account</b> , all joint account holders must sign this authorization. <b>For a company</b> , an authorized signature is required.			
SIGNATURE(S) OF ACCOUNT HOLDER(S) <i>as it/they appear(s) in bank records</i>			DATE
X			
SIGNATURE(S) OF ACCOUNT HOLDER(S) <i>as it/they appear(s) in bank records</i>			DATE
X			
<b>TERMS AND CONDITIONS</b>			
It is understood and agreed as follows: 1. The monthly pre-authorized payment will be used to pay the premium(s) of the policies whose application number(s) appear(s) on the authorization form. 2. Should any pre-authorized payment not be honored for whatever reason, the premium will be deemed to be unpaid and unless the policy is maintained in force under the automatic non-forfeiture clause, the policy will lapse if the premiums are not paid before the end of the grace period provided for under the policy. However, should a pre-authorized payment not be honored due to insufficient funds, <b>the</b>		<b>Company reserves the right to submit a second pre-authorized payment without notice.</b> 3. Any premium required for the initial issue or the reinstatement of the policy must be paid by other than pre-authorized payment (by cheque). 4. Each pre-authorized payment will be submitted each month on the same day as the policy date but in any case no later than the 28th day of the month. 5. Pre-authorized payments may be discontinued by the Company or by the policyowner subject to 30-day prior notice.	

290716 (2000-02)

**Hallmark Insurance F 416.492.4321**

