

- AXA INSURANCE (CANADA)
 AXA PACIFIC INSURANCE COMPANY

- Commercial Personal Lines

Here's How to Enroll:

- 1) Complete and sign the authorization Agreement.
- 2) Attach a sample cheque marked "VOID" to the back of the authorization Agreement.

(Please Print)

PRE-AUTHORIZED VARIABLE DEBIT AGREEMENT			
PERSONAL INFORMATION OF ACCOUNT OWNER	SURNAME	FIRST NAME	POLICY NUMBER
BANKING INFORMATION	BANK / FINANCIAL INSTITUTION	BANK TRANSIT AND ACCOUNT NUMBER	

I agree to the debiting of my account on the selected date below each month or on the next business day.

SELECT 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

Note: For Commercial policies the withdrawal day must be the same as the effective date of the policy.

I hereby authorize AXA Insurance (Canada) or AXA Pacific Insurance Company to debit my account as per my instructions and as detailed in my payment schedule, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from my contract of insurance.

I agree and understand that my first withdrawal, which will be made on the agreed withdrawal date of the contract or after, will be for 2 instalments and that the remaining instalments will be paid on the same day or next business day each month. This amount may be increased or decreased at a later date as a result of renewal of the policy, endorsements or cancellation. If changes are to be made to the Agreement, AXA Insurance (Canada) or AXA Pacific Insurance Company will inform me in writing at least 10 days prior to the next debit to my account.

I agree and understand that AXA Insurance (Canada) or AXA Pacific Insurance Company will not notify me before each monthly withdrawal, provided that no modification has been made to the terms of payment.

I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Variable amount pre-authorized debits. I also agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.

If a pre-authorized payment is returned due to insufficient funds (NSF) AXA Insurance (Canada) or AXA Pacific Insurance Company is authorized to re-submit the payment. Any charges incurred as a result of the NSF will be added to the subsequent pre-authorized payment. Furthermore, I understand that if **sufficient funds** are not available, the premium will become due and payable immediately and that AXA Insurance (Canada) or AXA Pacific Insurance Company may cancel the policy for non-payment of premium.

I understand that a financing charge may be applicable and spread over the instalments

I agree to inform AXA Insurance (Canada) or AXA Pacific Insurance Company, in writing, of any change in the account information provided in this Agreement at least 10 business days prior to the next debit to my account.

Upon renewal of my contract of insurance, I understand that the same payment method will apply unless I notify AXA Insurance (Canada) or AXA Pacific Insurance Company before the renewal date of my contract. At renewal, the first withdrawal will be withdrawn from my account in the month prior to the renewal date.

I may cancel this authorization for pre-authorized debits at any time, subject to providing AXA Insurance (Canada) or AXA Pacific Insurance Company with 30 days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form.

Any cancellation of this Agreement will not terminate or otherwise have any bearing on any agreement that exists between me and AXA Insurance (Canada) or AXA Pacific Insurance Company whatsoever with respect to any contract of insurance, so long as payment is provided by an alternative method.

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 the Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

AXA Insurance (Canada) / AXA Pacific Insurance Company - Suite 1400, 5700 Yonge St, North York, ON M2M 4K2

Date: _____

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

CREDIT CARD PAYMENT AUTHORIZATION FOR NON EFT PLANS																							
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CARD HOLDER NAME	POLICY NUMBER	AMOUNT																				
CREDIT CARD NUMBER		CARD EFFECTIVE DATE (MM / YYYY)	CARD EXPIRY DATE (MM / YYYY)																				
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CARD HOLDER SIGNATURE																							