



## AUTHORIZATION FORM FOR THE MONTHLY WITHDRAWAL PAYMENT PLAN

**For automatic bank withdrawal, complete below and attach a sample cheque, marked VOID**  
(For new business, 2 months downpayment is required and will be incorporated in the first withdrawal.)

**Changes:** Please allow a minimum of 15 days to process a banking change.

**Please write the policy number on the front of your cheque.**

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to assess the credit worthiness of my premium payment plan application and, if such application is approved, to deduct insurance payments from my account at the financial institution named below.

Payer(s) (Surname first):

**NOTE:** ONLY ACCOUNTS WITH CHEQUING PRIVILEGES ARE ELIGIBLE.

ADDRESS:

CITY/TOWN:

PROV:

POSTAL CODE:

PREFERRED  
WITHDRAWAL DATE:

FINANCIAL INSTITUTION:

ADDRESS:

CITY/TOWN:

PROVINCE:

POSTAL CODE:

TRANSIT NO:

BANK NO.:

ACCOUNT NO.:

I/We hereby authorize the named financial institution to debit my/our account each month for all payments payable to Royal & SunAlliance Insurance Company of Canada in payment of my/our insurance premiums which will be collected monthly in advance. The financial institution's treatment of each payment will be the same as if I/We had personally issued a cheque authorizing the financial institution to pay as indicated and to debit the amount specified to my/our account.

- Monthly payment amounts may vary.
- Any delivery of this authorization to RSA constitutes delivery by me/us.
- In the event of an unsuccessful withdrawal, a charge may apply.
- This authorization may be cancelled at any time by providing written notice to RSA.
- This authorization applies only to the method of payment and revocation of the authorization does not terminate any contract between you and RSA.

DATE:

PAYER SIGNATURE(S):

(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.)

For all new business applications submitted by mail, please attach this form. For all electronic submissions, downpayment for Automatic Monthly Withdrawal plan is incorporated in the first withdrawal and the broker shall retain in their files a void cheque and this form, completed and signed.