



58 Hamilton St,
Goderich, ON N7A 1P9
wawains@wwmic.com 1-800-265-5595

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD'S)

I/we authorize West Wawanosh Mutual Insurance Company and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. West Wawanosh Mutual Insurance Company will provide 10 days written notice of the schedule for each regular debit. West Wawanosh 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 West Wawanosh 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 above. 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.payments.ca.

West Wawanosh Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without giving 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.payments.ca.

1. **Insured's Information (Please Print Clearly)**

Name	Home Telephone #	Business Telephone #	Email Address
Address (# Street Name, City/Town, Province, Postal Code			
Insurance Policy # & Policyholder Identification Number			

2. **Type of Insurance Policy (Check one):**

- Personal Property and/or Automobile _____
- Business Property and/or Automobile _____

3. **Amount of Payment:** The amount may vary from month to month and will be according to the Amount Due on the most recent Billing Statement. Pre-notification of amount changes will be disclosed in a revised Billing Statement at least 10 business days prior to the next scheduled Payment date.

4. **Payment Interval (Check one):** ☐ Monthly ☐ Quarterly (farm policies only)

5. **Payment Date (Check one):** ☐ 1st ☐ 15th ☐ 20th
Note that if a date is not selected, payment will be defaulted to the 20th day of the month

6. **Bank Account (Please Print Clearly):**

PLEASE ATTACH A VOID CHEQUE OR BANK CONFIRMATION

Name of Financial Institution		
Branch Address		
Town/City	Province	Postal Code
Transit #	BANK ID	CDN Bank Account #

AUTHORIZED SIGNATURE(S): _____ DATE: _____
