La Capitale

PREAUTHORIZED DEBIT (PAD) AGREEMENT

Contract numbers: _____ _____ _____ _____

1 POLICYHOLDER'S INFORMATION

_____ _____
Last name of policyholder 1 (please print) First name of policyholder 1 (please print)

_____ _____
Last name of policyholder 2 (please print) First name of policyholder 2 (please print)

2 PREMIUM PAYOR'S INFORMATION

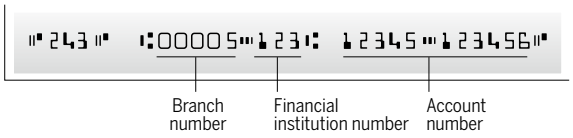
◯ Policyholder 1 ◯ Policyholder 2 ◯ Other: ◯ Mr. ◯ Ms. _____ _____
First name (please print) Last name (please print)

_____ _____
Address (No., Street, Apartment, City, Province) Postal code

_____ _____ Date of birth: _____
Area code Telephone Year Month Day

3 PREAUTHORIZED DEBIT (PAD) AGREEMENT

3.1 BANK ACCOUNT INFORMATION: ◯ Cheque specimen attached ◯ Banking information provided below:



Branch number _____ Financial institution number _____ Account number _____

3.2 BANK ACCOUNT TYPE: ◯ Personal ◯ Business

3.3 WITHDRAWAL DATE

The _____ of each month (between the 1st and 30th days of the month). If a date is not indicated, it will be selected by the Insurer.

3.4 WAIVER

I waive my right to receive advance notice of the amount and the date of the PAD and of any change to the amount and the date.

3.5 CANCELLATION

This agreement may be cancelled upon receipt by the Insurer of 10 days' written notice prior to the scheduled date of the next PAD. To obtain a PAD cancellation form, or for more information about your right to cancel this agreement, contact your financial institution or visit www.cdnpay.ca.

3.6 RECOURSE AND REIMBURSEMENT

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information about your recourse rights, contact your financial institution or visit www.cdnpay.ca.

3.7 AUTHORIZATION

I authorize the Insurer or its mandatary to debit the fixed monthly amounts required for payment due to the Insurer from the account indicated on the enclosed cheque specimen or from the account identified above.

Signed at _____ on this _____ day of _____ 20 _____.

X _____
Premium payor's signature

La Capitale Civil Service Insurer
625 Jacques-Parizeau St, Quebec QC G1R 2G5
Telephone: 418 528-2211 or 1 800 463-4433
Email: fmi@lacapitale.com

La Capitale Civil Service Insurer Inc. (the Insurer)
625 Jacques-Parizeau St, Quebec QC G1R 2G5

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