

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

3 PREAUTHORIZED DEBIT (PAD) AGREEMENT

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

|| 243 || 00005 1231 2345 123456 ||
Branch number Financial institution number Account number
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 _____.


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: fim@lacapitale.com