Wawanesa Insurance MAC AUTHORIZATION FORM

Office Use Only MAC #

Policy #

☐ Business Policy ☐ Personal Policy ☐ Change to Bank Information ☐ C.O.D.

Name

Withdrawal Date (select days 1-28)

Address

(Street) (Town/City) (Province) (Postal Code)

Name of Bank/Financial Institution _____ Account # _____

If NSF situations occur in any policy term, I/we risk cancellation of all my/our Wawanesa policies that are on the **MAC** Plan. NSF fees will be charged for insufficient funds.

Please list policy numbers on The **MAC** Plan

I/We authorize my/our broker and insurance company to collect, use and disclose any of the personal information contained herein subject to the law and to my/our broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct payments for my/our insurance premium.

Signature _____ Date Signed (M/D/Y) _____

For a joint account, all required signing officers must sign.

Signature of Joint Account Holder if applicable _____ Date Signed (M/D/Y) _____

I/We agree that I am/we are bound by the Important Conditions and the Consent & Disclosures described on the back of this authorization form.

PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID"

8003-072010

IMPORTANT CONDITIONS

I/We authorize The Wawanesa Mutual Insurance Company to withdraw money from my/our account at the financial institution named on the void cheque (or any other accou I/we give notice that I/we switch to) to pay my/our insurance premium and service charge.

I/We understand the following:

- The initial policy on the **MAC** Plan must have a premium of at least $240.
- The policy term must be 12 months in order to qualify for the MAC plan.
- Notification of any changes to the banking information must be provided to Wawanesa two (2) weeks prior to the next scheduled installment.
- I/We must ensure that funds are available each month to cover the amount of withdrawal as specified by The Wawanesa Mutual Insurance Company. NSF fees will be charged for insufficient funds.
- The initial down payment in the first year is equal to 2/12 of the annual premium plus a 3% service charge.
- All subsequent monthly withdrawals are equal to 1/12 of the annual premium plus a 3% service charge.
- If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.

CONSENT & DISCLOSURES

If non-negotiable payment situations occur in any policy term, I/we risk cancellation of all my/our policies that are on Pre-Authorized Debit (PAD).
NSF fees will be charged for insufficient funds and will be withdrawn from my/our account.

I/We agree to waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PADs before the debit is processed.

I/We may revoke my/our authorization at any time, subject to providing notice of 10 days. To obtain a sample cancellation form, or for more information on my/our right to can this agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.

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 debit that is not authorized or is not consistent with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

The undersigned agrees that an electronic reproduction of this document shall be binding upon the undersigned as if it were the original.

You can obtain further information about Wawanesa Insurance's Personal Information Protection Policy from Wawanesa Executive Office, Box 1530 Wpg, MB R3C 2Z4 or at www.wawanesa.com/privacy.asp.

Please contact your local Broker if you have any questions or changes.