

# PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY

POLICY NUMBER

INSURED'S FULL NAME AND POSTAL ADDRESS

BROKERS FULL NAME AND POSTAL ADDRESS

WORDEN INSURANCE & FINANCIAL SERVICES LTD.  
32 King St. E.  
OSHAWA, ONTARIO  
L1H 1B3

## CREDIT CARD INFORMATION

VISA

CARD NUMBER:

MASTERCARD

EXPIRY DATE: (MONTH/YEAR)

DATE OF WITHDRAWAL:

OTHER

AMOUNT \$

FREQUENCY:

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE:

## FINANCIAL INSTITUTION INFORMATION

NEW

CHANGE OF INFORMATION

NAME OF ACCOUNT HOLDER (PERSON PAYING PREMIUM IF OTHER THAN INSURED)

NAME OF FINANCIAL INSTITUTION

CITY

PROVINCE/TERRITORY

POSTAL CODE

ACCOUNT INFORMATION

(Account must provide chequing privileges)

TRANSIT

BANK

ACCOUNT NUMBER

AMOUNT \$

DATE OF WITHDRAWAL:

FREQUENCY:

### MY/OUR SIGNATURE CONFIRMS THAT:

- I / We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our bank account.
- I / We hereby authorize the above named financial institution to debit my / our account for all payments payable to:
- I / We understand that this authorization may be cancelled by me / us upon written request.

ACCOUNT HOLDER SIGNATURE

DATE

ACCOUNT HOLDER SIGNATURE

DATE

If more than one signature is required on cheques issued against this account, all account holders must sign this authorization.

Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned.

**ATTACH VOID CHEQUE**