

AUTHORIZATION FOR MONTHLY PRE-AUTHORIZED DEBITS ("PADS")
(Please Print All Information)

Insured's Name:																																
Policy #:	Policy Type: <input type="checkbox"/> Personal OR <input type="checkbox"/> Business																															
Payor's Name:																																
Payor's Mailing Address:																																
Telephone #:																																
Email:																																
Monthly Payment Date: <input type="checkbox"/> 5 th OR <input type="checkbox"/> 15 th OR <input type="checkbox"/> 25 th																																
Financial Institution and Account Information:																																
Institution Name:																																
Branch Address:																																
Branch #:	Institution #:	Canadian Chequing Account #:																														
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>					<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>																		

I/we authorize Ayr Farmers 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. Regular monthly payments for the full amount of premium plus taxes will be debited to my/our specified account on the selected day of each month. Ayr Farmers Mutual Insurance Company will provide 10 days written notice of the amount of each regular debit. Ayr Farmers 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 Ayr Farmers Mutual Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided herein. 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.cdnpay.ca.

Ayr Farmers Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing 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.cdnpay.ca.

Authorized Signature(s): _____ **Date:** _____

