

Dumfries Mutual  
**PRE-AUTHORIZED PAYMENT FORM**

Name \_\_\_\_\_

Street (R.R. #) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

I/We hereby authorize

Name of Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

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BANK NUMBER

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TRANSIT NUMBER

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CHEQUING ACCOUNT NUMBER

to debit my/our account indicated above each month for all payments payable to **Dumfries Mutual Insurance Company**. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and debit the amount specified to my/our account.

This authorization may be cancelled at any time upon written notice by me/us.

Any delivery of this authorization to you constitutes delivery by me/us.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature (for accounts where more than one signature is required) \_\_\_\_\_

**PRE-AUTHORIZED PAYMENTS**

**Required**

1. This form fully completed and signed.
2. A cheque marked "void" for the account from which you wish us to withdraw the premium.

We will then automatically withdraw the required payment each month as requested.

**Conditions**

A service charge will be levied for any payment returned by the bank.

If a second payment is returned the policy and coverages may be terminated in accordance with the Statutory Conditions.