



PRE-AUTHORIZED PAYMENT FORM

*Please return the completed form to your Agent by email, fax: 519-740-8732 or post to:
Dumfries Mutual Insurance, 1310 Old Highway 8, Sheffield, Ontario, L0R 1Z0.*

Policyholder Name(s): _____

Policy Number (if known): _____

Account Holder (if different than policyholder): _____

Account Holder Phone #: _____

Account Holder Email: _____

Preferred Day of Month for Withdrawals (1 – 31): _____

Account Holder 1 Signature: _____ Date: _____

Account Holder 2 Signature: _____ Date: _____

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

Conditions:

1. Signatures of all account holders are required.
2. This authorization may be cancelled at any time upon written notice by account holder.
3. Any delivery of this authorization to Dumfries Mutual constitutes delivery by account holder.
4. A service charge will be levied for any payment returned by the bank.
5. If a second payment is returned, the policy and coverages may be terminated in accordance with the Statutory Conditions of the policy.