



# Yarmouth Mutual Insurance Company

## Pre-Authorized Credit (PAC) Agreement

### Policy Holder Information (please print clearly)

Name:

Policy Number:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

Email:

### Credit Card Information

Credit Card Number:

Expiry Date:

Card Security Code:

Card Holder Name:

### Pre-Authorized Credit (PAC) Details

You, the Payor, authorize Yarmouth Mutual Insurance Company to charge the credit card identified above on the day of every month (or the next business day) for payment of insurance premium, including any applicable taxes and service charges.

These services are for: (check one)

Personal

Business Use

You, the Payor, may revoke your authorization at anytime, in writing or by phone, subject to providing proper notice. To obtain a sample cancelation form, or for more information on your right to cancel a PAC Agreement, contact your financial institution or visit [www.cdnpays.ca](http://www.cdnpays.ca).

Signature of Card Holder:

Signature of Joint Card Holder (if applicable):

\_\_\_\_\_  
Name: (please print)

\_\_\_\_\_  
Name: (please print)

Date:

Date:

You have certain rights to recourse if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

When form is complete, send to:

**Yarmouth Mutual Insurance Company, 1229 Talbot Street, St. Thomas, Ontario N5P 1G8**  
**Phone: 519-631-1572      Fax: 519-631-8941      email:office@yarmouthmutual.com**