



Yarmouth Mutual Insurance Company

Pre-Authorized Debit (PAD) Agreement

Policy Holder Information (please print clearly)

Name:

Policy Number:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

Bank Account Information

Void cheque or direct deposit information attached

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Yarmouth Mutual Insurance Company to debit the Bank account 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 cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpays.ca.

Signature of Account Holder:

Signature of Joint Account 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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit 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