

EFT Authorization Form (H1 Compliant)  
Pre-authorized monthly payment from bank account



New request       Change to existing information

**Name:**

**Policy Number:**

**Brokerage Name and Contact Information:**

<p><b>Consent and Disclosure</b> <b>My/Our signature confirms that</b></p> <ul style="list-style-type: none"> <li>I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution.</li> <li>I/We hereby authorize the named financial institution below to debit my/our account for all payments payable to: <b>Aviva Canada Inc. or any of its associated insurance companies</b> to which my policy may be transferred to at a later date (the "Insurer").</li> <li>I/We understand that this authorization may be cancelled by me/us upon written notice, at least 15 days before the next scheduled payment. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement, or more information about Pre-Authorized Debiting at my/our financial institution by visiting <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>, or through contacting my/our insurance company at <a href="http://www.aviva.ca">www.aviva.ca</a>.</li> <li>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 debit that is not authorized or is not consistent with this payment authorization agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.</li> <li>If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.</li> <li>I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following:  <b>1. A second presentation or attempt to withdraw funds    2. A second withdrawal notice    3. Cancellation of my/our policy</b></li> <li>I/We have received a copy of this authorization and have read and understood these terms and conditions.</li> <li>For pre-authorized debits, I/we shall receive, with respect to the debiting of fixed-amount payments, written notice from the Insurer, the amount to be debited and the due date(s) debiting, at least 10 calendar days prior to the date of the first payment, and such notice shall be received each time there is a change in the amount of payment.</li> <li>The account that my/our financial institution is authorized to draw upon is indicated below. A specimen cheque has been marked 'void' or PAD form and attached to this authorization.</li> <li>I/we undertake to inform my/our insurer, in writing, of any change in the account information provided in this authorization prior to the next payment due date.</li> <li>I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.</li> <li>I/We authorize my/our Insurer to collect or use my/our personal information for the purpose of this authorization for the automatic withdrawals for payment of my/our insurance premiums. I/We authorize my/our Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted above.</li> <li>I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of my/our insurance premiums, in which case I/we must make other arrangements for payment of my/our insurance premiums.</li> </ul>
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**Bank account information**

Branch/Transit #	Bank #	Bank Account # <input type="checkbox"/> Personal <input type="checkbox"/> Commercial
Name and address of Financial Institution:		
Signature(s) as shown on bank records (If different from signature below)		
Today's date:	Preferred payment date:	
Authorized/Insured's signature	Authorized/Insured's signature	

**Attach a sample cheque marked 'VOID' or a pre-authorized debit form (PAD form) from your financial institution and return to your broker.**