

## PAYMENT AUTHORIZATION AND PRE-AUTHORIZED DEBIT AGREEMENT

CHANGE OF EXISTING INFORMATION  
NEW REQUEST

Unica Insurance , 1550 North Gate , Mississauga , Ontario , L4W5G6				POLICY NUMBER : BINDER1028	
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS			2. BROKERAGE/AGENCY INFORMATION		
Test-Kuldip Chahal			Aaxel insurance Brokers Ltd. (KHA)		
1332 Khalsa Driveq			1332 Khalsa Drive #7		
Mississauga			Mississauga		
Canada		POSTAL CODE : L4W5G6	Ontario , Canada		POSTAL CODE: L5B4T6
CONTACT NO.	TYPE	NO.	BROKER CODE : KHA	CONTACT NAME	
NUMBER(S)TYPE					
TYPE	NO.	TYPE	NO.	PHONE NO: : 905-362-8080	FAX NO 8488888888
PREFERRED DOCUMENT LANGUAGE		ENGLISH	FRENCH.	CONTRACT NUMBER	SUB-CONTRACT NUMBER
EMAIL ADDRESS:			GROUP / PROGRAM NAME	GROUP ID	
WEBSITE ADDRESS http://			BROKER CLIENT ID	COMPANY CLIENT ID	
3. POLICY PREMIUM DATA : 6868					
TOTAL ESTIMATED POLICY PREMIUM		PROVINCIAL SALES TAX (if applicable)		INSTALLMENT FEE	% (optional)
6868				0	0
4. METHOD OF PAYMENT SINGLE PAYMENT PAYMENT PLAN PLAN TYPE					
5. BANK ACCOUNT INFORMATION (NAME AND POSTAL ADDRESS)					
FINANCIAL INSTITUTION			ACCOUNT HOLDER		
			POSTAL CODE		
			POSTAL CODE		
ACCOUNT INFORMATION (Account must provide chequing privileges)		TRANSIT NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER	
ATTACH VOID CHEQUE					
ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)		ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)		DATE	
6. PAYMENT DETAILS					
DOWNPAYMENT AMOUNT (If applicable) \$		INSURANCE COMPANY ADDITIONAL CHARGES \$ OR \$		TYPE OF CHARGES	
PERSONAL BUSINESS		BROKER ADDITIONAL CHARGES \$ OR \$		TYPE OF CHARGES	
FULL PAYMENT AMOUNT \$		INSURANCE COMPANY (Estimated amount) \$ OR \$		NEXT PAYMENT DATE (PREFERRED WITHDRAWAL DATE) (If date is not applicable, payment will be defaulted to Insurer's closest standard withdrawal date) 06/29/2021	
7. CONSENT AND DISCLOSURE					
MY / OUR SIGNATURE CONFIRMS THAT:					
1) 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 account.					
2) I/We hereby authorize the named financial institution above to debit my/our account for all payments payable to: <u>Unica Insurance</u> in payment of the insurance premiums and any applicable charges and taxes.					
3) I/We understand that this authorization may be cancelled by me/us upon written notice, subject to a period which shall not exceed 30 days. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement, at my/our financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .					
4) 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> .					
5) I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.					
6) I/We agree that, if there is a change in premium due to a change in coverage, rate, or upon renewal, the amount of the monthly withdrawal will automatically be changed.					
7) I/We will ensure that funds are available on each due date and understand that Dishonoured Funds transactions may result in one or all of the following:					
1. A second presentation or attempt to withdraw funds					
2. A second withdrawal notice					
3. Cancellation of the policy					

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### 7. CONSENT AND DISCLOSURE (continued)

8) I/We acknowledge that the rights and obligations provided in accordance with the Canadian Payments Association Rule H1 concerns only pre-authorized debits, not recurring charges to credit cards.

9) I/We agree that, for pre-authorized debits, only the insured shall receive written notice from the Insurer of the amount to be debited and the due date, at least 10 calendar days prior to the date of the first payment, and any change in the amount or date of the payment.

**10) I/We waive the right to obtain written notice from Insurer, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the payment, even when there is a change in the amount or payment date(s).**

11) I/We undertake to inform the Insurer, in writing, of any change in the account information provided in this authorization 10 calendar days prior to the next payment due date.

12) The account that my/our financial institution is authorized to draw upon is indicated above. A specimen cheque marked "void" or bank issued account information form is attached to this authorization.

13) I/We acknowledge that the Insurer is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

14) I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently

15) I/We authorize the Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. I/We authorize the 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 noted above.

16) I/We may obtain a copy of or ask questions about the broker's and the Insurer's personal information policies by contacting their respective privacy officers.

17) 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 the insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of the insurance premiums, in which case the insured must make other arrangements for payment of the insurance premiums.

**18) I/We have received a copy of this authorization and have read and understand these terms and conditions.**

**Please note that a transaction fee may apply to any "Dishonoured Funds".**

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE