

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (please print clearly)

Name: _____

Address: _____

Phone number: _____ Email address: _____

2. Bank Account Information (please attach sample voided cheque)

Account number: _____ Branch transit number: _____

Financial Institution Number: _____ Chequing Account: ___ or Savings Account: ___

3. Pre-Authorized Debit (PAD) Details

I/we authorize CA Insurance Plans West to debit the bank account identified above for my monthly insurance premiums the 20th of every month or the next business day. I acknowledge that a \$1.00 monthly service charge will be included.

These services are for (check one): Personal Business Use

I/we may revoke our authorization at any time subject to providing written notice 10 days prior to the payment date. 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.cdnpay.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(please print)

Name: _____
(please print)

Date: _____

Date: _____

You have certain recourse rights 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 with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Mail or fax the completed form to CAIPW or email to mail@caipw.ca.