



Lanark Mutual Insurance Company

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Pre-Authorized Debit (PAD) Agreement Form

Authorization Agreement

I/we authorize Lanark Mutual Insurance Company and the financial institution designated (or any other financial institution you may authorize at any time) to begin deductions as per your instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. Regular monthly payments for the full amount of premium plus applicable taxes and service charges will be debited to your specified account on the 25th day of each month. Lanark Mutual Insurance Company will provide 10 (ten) calendar days written notice of the amount of each regular debit. Lanark Mutual Insurance Company will obtain your authorization for any other one-time or sporadic debits. All amounts debited will be in Canadian funds. Lanark Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 (ten) calendar days prior written notice to me/us.

This authority is to remain in effect until Lanark Mutual Insurance Company has received written notification from you of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided above. You may obtain a sample cancellation form or more information on your rights to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

Customer Information

PLEASE PRINT

Type of Policy: (Check What Applies)

Personal Business Auto Other

Name(s): _____

Address: _____

Payment Interval: Monthly

Town/City: _____ Province: _____ Broker Name: _____

Postal Code: _____ Policy #: _____

Account Information

Name of Financial Institution: _____

Branch Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Branch Transit Number: (5 digits) _____ Financial Institution Number: (3 digits) _____

Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided cheque or bank pre-authorization form for verification