

PRE-AUTHORIZED DEBIT (PAD) PAYMENT

Customer Information

Name _____ Client number _____
Date of birth / / Policy number _____

Bank Account Information

Name of Account Holder _____
Financial Institution _____
Address _____
City/Town _____ Zip Code _____
Transit Number Financial Institution Number Bank Account Number

IMPORTANT NOTICE : TO ENSURED ACCURACY, PLEASE ENCLOSE A SPECIMEN CHEQUE MARKED « VOID ».

Type of service : Personal Business

Type of Accompt : Personal Chequing Chequing/Savings
 Savings Current
 Direct Deposit Account Other

Joint Accounts: Is this a joint account requiring only one signature? Yes No

If more than one signature is required on withdrawals issued against the account, both account holders must sign this authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payments from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.

I/We authorize the distributor Sogemec Assurances inc. to make Pre-Authorized Cheque Withdrawals from my bank account for the purpose of paying premium as they fall due. If premiums change for the policy issued for this Application, I authorize Sogemec Assurances inc. to amend the amount of pre-authorized cheque withdrawals. This payment method may be cancelled by providing 10 days written notice to Sogemec Assurances inc, or to the financial institution indicated on the Application for Insurance. Withdrawals from my/our account may be for variable amounts and may change in accordance with the insurance contract and as required to administer the policy. **I/We waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Sogemec Assurances inc. may attempt to withdraw that payment again within 30 days. Sogemec Assurances in. reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We and/or Sogemec Assurances inc. can end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Sogemec Assurances inc. receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

You may obtain a sample cancellation form by contacting your financial institution or through www.cdnpay.ca If you have any questions about withdrawals from your bank account, contact us at 1 800 361-5303, information@sogemec.qc.ca or write to us at Sogemec Assurances inc., 2, Complexe Desjardins, East Tower, 20th Floor, P.O. Box 217, Desjardins Station, Montreal, Quebec H5B 1G9.

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 withdrawal that is not authorized or is inconsistent with this PAS 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.

Name of Account Holder _____

Signature of Account Holder _____ Dated / /

Second Signature If Joint Account _____ Dated / /

Account Holder Address (if different from Applicant) _____