



CAYUGA MUTUAL INSURANCE COMPANY
 23 King Street West
 Cayuga, ON N0A 1E0
 P:(905) 772-5498 F:(905) 772-3921

Authorization for Pre-Authorized Personal Cheque

Internal Use Only	
I	D

I/we authorize Cayuga Mutual Insurance Company and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our 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 taxes will be debited to my/our specified account on the specified day of each month. Cayuga Mutual Insurance Company will provide 10 days written notice of the amount of each regular debit. Cayuga Mutual Insurance Company will obtain my/our authorization for any other one-time or sporadic debits. All amounts debited will be in Canadian funds.

This authority is to remain in effect until Cayuga Mutual Insurance Company has received written notification from me/us 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 below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Cayuga 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 days prior written notice to me/us.

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 PAP that is not authorized or is not consistent with this PAP Agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PAYOR'S NAME AND ADDRESS	Name:	Policy Number:	Daytime Phone:
	Mailing Address:		

PAYMENT INTERVAL	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
-------------------------	----------------------------------	-----------------------------------

MONTHLY PAYMENT DATE	<input type="checkbox"/> 1st of month	<input type="checkbox"/> 8th of month	<input type="checkbox"/> 15th of month	<input type="checkbox"/> 22nd of month
-----------------------------	---------------------------------------	---------------------------------------	--	--

FINANCIAL INSTITUTION AND ACCOUNT INFO	Name of Financial Institution:	
	Branch Address:	
	Branch ID / Transit:	Account Number:

Please attach a VOID cheque from the above account.

SIGNATURE	Name (Please Print):	Signature:
	Date:	

Payments returned Insufficient Funds (NSF) will be charged with an administrative fee and may be subject to cancellation in accordance with our guidelines.