

Automatic Payment Authorization Form

My name Required only if different from name on void cheque or if void cheque is not present	
My address Required only if different from policyholder address	
Postal code	
Policy number	
Type of business If not provided, we will default to the type of policy you have purchased (i.e. Personal, Business)	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Debit date If not provided, the effective date of the policy will be used as the debit date for payments	
Bank or financial institution name Not required if void cheque is provided	
Account number Not required if void cheque is provided	
Bank and transit numbers Not required if void cheque is provided	Transit – 5 digits Bank – 3 digits

I hereby authorize the above named bank or financial institution (“bank”) or if not stated above, the bank or financial institution on the sample cheque marked “void” attached to the application to debit my account for amounts payable to The Dominion of Canada General Insurance Company (The Dominion) in connection with the above noted insurance policy.

I authorize all monthly recurring payments of insurance premiums and related taxes (payable monthly, in advance) and any other applicable charges on the debit date or effective date of the policy set forth above unless otherwise specified, or on another debit date as mutually agreed (monthly payments).

I also authorize payments of variable amounts, on dates other than the debit date, that are required upon the occurrence of the following events (event payments):

- The issuance, renewal, amendment (endorsement), cancellation or reactivation (reinstatement) of my insurance policy, or of any coverage under my policy;
- The closure of my account, or the suspension of it due to death or the effect of a stop payment;
- The return of a monthly recurring payment for non-sufficient funds (NSF), which requires such payment to be withdrawn again, plus an NSF fee (in provinces where permitted); and
- The decision of The Dominion, in response to my request and in limited circumstances, to change the debit date temporarily.

Receipt of this automatic payment authorization (APA) by The Dominion constitutes delivery of it by me to the bank.

This APA may be revoked by me at any time by written notice. Revocation does not automatically terminate my insurance coverage unless the written notice specifically instructs The Dominion to terminate the insurance coverage. Termination of my insurance coverage, initiated by me or The Dominion, will have the effect of terminating this APA.

I will notify The Dominion of any change in my account information at least ten calendar days prior to the next due date of a payment.

I may obtain a sample cancellation form, or more information on my right to cancel this APA, at the bank or by visiting www.payments.ca.

I will ensure that sufficient funds are available for payments authorized under this APA. I understand that if sufficient funds are not available, The Dominion may terminate my insurance coverage.

For monthly payments, The Dominion will notify me of the amount to be withdrawn at least ten calendar days before the debit date of the first withdrawal. If the amount of a monthly payment changes, or if an event payment is required, The Dominion will notify me at least ten calendar days before the withdrawal.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this APA. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

I consent to disclosure by The Dominion to its financial institution of any personal information that may be contained in this APA, provided that such disclosure is directly related to and necessary for the withdrawals authorized under this APA.

I attest that the signatures below are required to operate the account identified above.

I have read and I understand this APA, and I have received a copy of it for my records.

Date _____ X _____
Signature as required on cheque

Date _____ X _____
Second signature if required

Please enclose a sample cheque marked "void."

The Dominion of Canada General Insurance Company
1275 North Service Road West
Oakville, ON L6M 3M3
1.800.268.4543
travelerscanada.ca

