



RE/MAX®

Pre-Authorized Payment / Debit Agreement

PAYOR INFORMATION

Payor Name (Individual/Participating Employer): _____

Group Policy Number: _____ Division Number: _____

Plan Contact Person: _____

E-mail address for billings/notices: _____

PAYMENT OPTIONS (Select 1 option only)

A. **CREDIT CARD ("PAP"):** MasterCard ☐ Visa ☐ Card Number (16 digits): _____

Name as shown on Card: _____ Expires: ____ / ____

B. **DEBIT MY BANK ACCOUNT ("PAD"):** Indicate Account Type: Chequing: ☐ Savings: ☐ Other: ☐

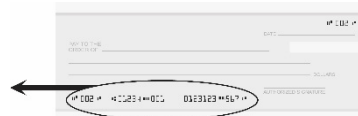
Cheque Attached - marked "Void" Yes: ☐

Type of Service: Personal PAD: ☐ Business PAD: ☐

If a void cheque is not included, complete the following:

If unsure, please confirm your account information with your financial institution.

|| 002 || •• 01234 •• 001 0123123 •• 567 ||
Cheque # (not required) Branch/Transit # Financial Institution # Account #



Account Holder Name(s) (as it appears on the cheque/account): _____

Name of Financial Institution: _____

Branch Address: _____

Branch Transit # _____ Financial Institution # _____ Account # _____
(5 digits) (3 digits) (If your Acct. # starts with zero, be sure to include the zero. Do not include dashes, hyphens or any other punctuation.)

Please ensure the correct information is provided. Inaccurate or missing information results in delays or errors. You must be the sole or a **joint** account holder at a Canadian financial institution & have signing authority for the bank account / credit card. **If the bank account / credit card information changes, please send RWAM a new form (and a new void cheque, if applicable) at least 10 business days prior to the next payment date.**

Authorization:

You (the Payor) hereby authorize RWAM Insurance Administrators Inc. ("RWAM") and the designated financial institution to charge the credit card stated above (or to debit the bank account stated above or on the attached void cheque) **on or about the 1st business day of each month** to pay the variable amount of insurance premiums and any applicable charges and taxes for the above-noted employer group benefit plan. You authorize RWAM to collect, use or disclose your personal information for the purpose of this authorization.

You may revoke this authorization at any time by written notice to RWAM at the address below. RWAM must receive this notice not less than 10 days before the next scheduled debit withdrawal or credit card charge. To obtain a sample cancellation form or for information on your right to cancel this agreement, contact your financial institution or visit www.payments.ca.

RWAM will send notice (your monthly billing) of the amount of each PAD/PAP at least five days before it is due. You agree that RWAM may reduce the standard pre-notification period and you waive the right to receive pre-notification. 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 or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Authorized Signature(s) _____ Date _____

Please retain a copy of this document for your records.

Return to/contact: RWAM INSURANCE ADMINISTRATORS INC.
Attention: Laura Kindrat
49 Industrial Drive, Elmira, Ontario N3B 3B1
Fax: 519-669-1923 Ph: 519-669-1632 or Toll-free: 1-877-888-7926

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