

IMPORTANT : Attach a personal cheque marked "VOID" to avoid errors in transcription.
Only a valid chequing account can be used (not a line of credit account).

Account information

Account holder	First name	Last name	10-digit phone number	
	Address (No., street, apt.)	City	Province	Postal code
Second account holder (if applicable)	First name	Last name	10-digit phone number	
	Name and address of financial institution			
Account information	Institution number	Transit number	Account number	

Authorization of withdrawal

I authorize Desjardins Insurance and the financial institution where I have my account, or any other financial institution I may appoint, to debit the following amount(s) according to my instructions, at the frequency indicated:

Monthly Semi-annual Annual

Draw date* (select between 1st and 28th): _____

Loan repayment: \$ _____ (if applicable)

* For a universal life contract, the draw date will be the issue date of the contract.

Contract number(s)	Amount to be withdrawn
	Total (including loan repayment)

Special instructions

Type of PAD Agreement: Personal/Individual Business

Waiver

I agree to waive any written notice before the first debit is made or when any change is made to the above debit.

Change or cancellation

I will advise Desjardins Insurance of any changes to this PAD Agreement at least 10 business days prior to the next withdrawal.

I can cancel this PAD Agreement at any time by sending a notice to Desjardins Insurance at least 10 business days prior to the next withdrawal.

I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement by consulting my financial institution or by visiting www.cdnpay.ca.

The cancellation of this PAD Agreement does not terminate the policyowner's obligations under his contract(s).

Desjardins Insurance can cancel the PAD Agreement by sending a 30-day notice to the policyowner. The PAD Agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reason.

Authorization to collect and communicate personal information

I consent to the disclosure of the personal information in this PAD Agreement to Desjardins Insurance's financial institution and to the holder of the contract(s) paid through this PAD Agreement.

Reimbursement

I have certain rights of recourse if a PAD does not comply with the terms of this PAD Agreement. For example, I have the right to receive a reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca.

Signature of account holder(s)

X _____ **X** _____
Signature of account holder Date (yyyy/mm/dd) Signature of the second account holder Date (yyyy/mm/dd)
(Only if 2 signatures are required)

Representative: _____

Financial centre: _____