

CSIO

Martin & Wright

Insurance & Financial Services Inc.

PAYMENT AUTHORIZATION FORM

Please print or type information

INSURANCE COMPANY:		POLICY NUMBER:	
INSURED'S FULL NAME & POSTAL ADDRESS:		BROKER'S FULL NAME & POSTAL ADDRESS:	
CONTACT: Phone: Fax: email:	CONTACT: Phone: Fax: email:	COMPANY CLIENT ID:	BROKER CLIENT ID:
CREDIT CARD INFORMATION			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER	CARD NUMBER: EXPIRY DATE: Month: Year: DATE OF WITHDRAWAL: / / AMOUNT: FREQUENCY:		
NAME AS SHOWN ON CARD:	CARDHOLDER'S SIGNATURE:		
FINANCIAL INSTITUTION INFORMATION			
<input type="checkbox"/> NEW		<input type="checkbox"/> CHANGE OF INFORMATION	
NAME OF ACCOUNT HOLDER (PERSON PAYING PREMIUM IF OTHER THAN INSURED):			
NAME OF FINANCIAL INSTITUTION:			
ADDRESS:			
ACCOUNT INFO: (Account must provide chequing privileges)	TRANSIT	BANK	ACCOUNT NUMBER
MY/OUR SIGNATURE CONFIRMS THAT:			
I/we have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our bank account. I/we hereby authorize the above named financial institution to debit my/our account for all payments payable to: _____ in payment of the insurance premiums and any applicable changes and tax. I/we understand that this authorization may be cancelled by me/us upon written request.			
ACCOUNT HOLDER SIGNATURE		DATE	
ACCOUNT HOLDER SIGNATURE		DATE	

IF MORE THAN ONE SIGNATURE IS REQUIRED ON CHEQUES ISSUED AGAINST THIS ACCOUNT, ALL ACCOUNT HOLDERS MUST SIGN THIS AUTHORIZATION.

CSIO – (06/00)

ATTACH VOID CHEQUE!