CSIO

Martin Wright
Insurance & Financial Services Inc.
People you trust ~ Insurance that works!

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

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ OTHER	CARD NUMBER: EXPIRY DATE: Month: Year: DATE OF WITHDRAWAL: / / AMOUNT: FREQUENCY:
NAME AS SHOWN ON CARD:	CARDHOLDER'S SIGNATURE:

FINANCIAL INSTITUTION INFORMATION

☐ NEW ☐ 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 fr 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!