



USBORNE & HIBBERT MUTUAL FIRE INSURANCE COMPANY

507 MAIN STREET S., EXETER, ONTARIO N0M 1S1

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (“PADS”)

I/we authorize Usborne & Hibbert Mutual Fire Insurance Company and the financial institution designated (or any other financial institution I/we my authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of insurance premium. Regular monthly payments for the full amount of premium plus taxes will be debited to my/our specified account 5th 17th day of each month. Usborne & Hibbert Mutual Fire Insurance Company will provide 10 days written notice of the amount of each regular debit. Usborne & Hibbert Mutual Fire Insurance Company will obtain my/our authorization for any other one-time or sporadic debits. All amounts debited will be in Canadian funds. Should your withdrawal go NSF, a \$25.00 fee will be applied to your outstanding balance.

This authority is to remain in effect until Usborne & Hibbert Mutual Fire Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Usborne & Hibbert Mutual Fire Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

1. Payor’s Name and Address (please print)

| | | | |
|--|-------------------------|----------------------------|-----------------------------------|
| Name | Home Telephone # | Business Telephone# | Email Address |
| | | | |
| Mailing Address | | City/Town | Province & Postal Code |
| | | | |
| Insurance Policy Number of Policyholder Identification Number | | | |
| | | | |

2. Type of Insurance Policy

This is an insurance policy related to the payor’s: (check one)

- Personal Property
- Business Property
- Farm Property

3. Payment Interval Monthly

4. Financial Institution and Account Information: (please print)

| | | |
|--------------------------------------|---------------------------|-----------------------------------|
| Name of Financial Institution | | |
| | | |
| Branch Address | City/Town | Province & Postal Code |
| | | |
| Bank ID/Transit # | CDN Bank Account # | |
| | | |

AUTHORIZED SIGNATURE(S): _____

DATE: _____