



Pre-Authorized Debit (PAD) for Insurance Products

500-5000 Yonge Street
Toronto, ON M2N 7J8
Telephone: 1-800-846-5970
Fax: 1-800-661-7296

1 Policy Information

OWNER(S)

ivari Policy Number(s): _____

Last Name

First Name

Last Name

First Name

2 Payor Information **IF OTHER THAN OWNER**

Mr. Mrs. Ms. Miss Other _____

Last Name

First Name

Initial(s)

Street Address

Apt./Suite

City

Province

Postal Code

Date of Birth

Relationship to Owner(s):

Occupation/Business of Payor:

DD / MM / YYYY

If a Corporation, incorporation #

Place of registration

3 PAD Withdrawal Information **PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE**

If the PAD date falls on a non-business day or statutory holiday, the PAD will be drawn on the next business day.

Frequency: Monthly Quarterly Semi-annually* Annually *may not be available on all plans

Effective Date – Begins on (1st to 28th of month): DD / MM / YYYY Total Amount \$ _____

4 Acknowledgement/Authorization

I/We authorize ivari to make automatic withdrawals from my/our bank account for insurance premiums due on or after the date I/ We signed this authorization. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account. If the bank or financial institution does not honor an automatic premiums withdrawal the first time it is presented for payment, ivari may attempt to withdraw that payment again within 5 business days. ivari reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or ivari may end this agreement at any time by giving 5 days written notice. I/We understand that canceling this PAD agreement may result in loss of insurance coverage unless ivari receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner. Your personal information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

You may obtain a sample cancellation form by contacting your financial institution or through www.cdnpay.ca. If you have any questions about withdrawals from your bank account, contact us by phone or fax, or write to the address above.

You have certain recourse rights if any debit does not comply with this agreement. i.e. you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a reimbursement claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Sign Here

Signature of Owner

Date: DD / MM / YYYY

Sign Here

Signature of Owner

Date: DD / MM / YYYY

Sign Here

Signature of Payor

Date: DD / MM / YYYY

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