



Electronic Funds Transfer (EFT) for express invoice payment

Identification

Last name		First name	
Address			
City	Province/territory/state	Country	Postal/zip code
Contact Person		Email address for remittance advice	

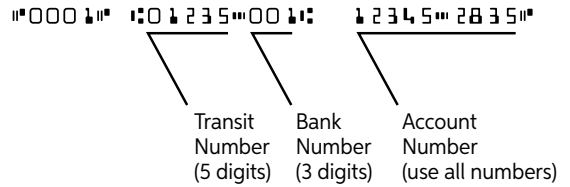
Banking information*

Bank name: _____

Bank address: _____

Enter only numbers (no letters, spaces, or other punctuation marks)

TRANSIT NUMBER	BANK NUMBER	ACCOUNT NUMBER



*Please provide either
 1) a copy of a void cheque or
 2) bank account verification from your bank clearly stating your Bank Number, Transit Number and Account Number

Authorization for EFT payment

Name: _____

Title: _____ Phone: _____

Signature _____ Date (DD/MM/YYYY) _____

Please send the completed EFT form and voided cheque via our **Send documents** tool on ivari.ca or mail it to:

ivari
 P.O. Box 4241, Station A
 Toronto, ON M5W 5R3
 Attention: Claims Department

Check here if you do not want to take advantage of EFT and you prefer to be paid by cheque.

Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at ivari.ca, tells you how ivari will handle your personal information as an Owner, Insured and/or Claimant. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-855-806-5057 • claimsdepartment@ivari.ca



The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on ivari.ca. By using this tool, forms are sent instantly and securely.

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