

Pre-Authorized Credit Card Agreement (PCA)

THE PRE-AUTHORIZED CREDIT CARD AGREEMENT (PCA)

The Payor named below authorizes Humania Assurance Inc. (Humania Assurance) to make pre-authorized debits (PCA) on the credit card account, or any other credit card that the Payor may later designate, for the purpose of paying the insurance premium in accordance with the premium schedule stipulated in the policy contract, including the initial premium.

THE CREDIT CARD

- This Agreement must be signed by the holder of the credit card designated below;
- If you wish to change the credit card on which the debit is made and the credit card holder is different, you must forward to Humania Assurance at the address below a new pre-authorized credit card agreement;
- The CVV number at the back of the credit card is required to proceed the requested change. To ensure the security of this information, please communicate with us by e-mail at clients@humania.ca or by contacting our customer services at 1 877 554-7181.

THE DEBIT

- You must be the designated Policyowner or the Payor of the policy contract and you must be the holder of the credit card on which the debit is made.
- The amount of the debit will vary in accordance with the premium as provided for in the policy contract.
- Unless otherwise indicated by you, this Agreement shall be valid for all renewals and conversions of your policy contract.

CANCELLING THIS AGREEMENT

• You can end this Agreement at any time for all policies covered by it, by proving 10 days written notice to Humania Assurance at the address below.

THE CONSEQUENCES OF NON-PAYMENT

- You are solely responsible for the consequences of a non-payment and any obligations that it may give rise to under the terms and conditions of the policy contract.
- You are in default of payment when a PCA is not honoured.
- A notice of "Stop Payment" initiated by you without prior agreement with Humania Assurance for the payment of the premium, may result in the cancellation of all policies covered by this Agreement.

ATTENTION

Please send this document by fax at 1-844-704-7400 or by mail at:

1555, Girouard Street West Saint-Hyacinthe (Quebec) J2S 2Z6



Pre-Authorized Credit Card (PCA) (continued)
olicy(ies) number(s):
REDIT CARD INFORMATION
Visa Mastercard
redit card number Expiry date (month/year)
ne financial institution named above is hereby authorized now or at any subsequent time to honour the requests for PCA or fees made by umania Assurance on the above account, including a redraw within 30 days for any debit that was not honoured the first time it was presented. The payor named above authorizes Humania Assurance to debit such amounts on another account, as the payor may direct time to time, upon real or written instructions. General or written instructions.
(city, province)
day of
(month/year)
ast Name of Payor (credit card Holder)
rst Name of Payor (credit card Holder)
(number and street) (apt.)
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Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6