

Pre-Authorized Debit Agreement (PDA)

THE PRE-AUTHORIZED DEBIT AGREEMENT (PDA)

The Payor named below authorizes Humania Assurance Inc. (Humania Assurance) to make scheduled pre-authorized debits (PDA) on the bank account with the financial institution named below, or any other financial institution 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 ACCOUNT

- This Agreement must be signed by all persons whose signature is required to affect withdrawals on the account designated below.
- You must attach a sample cheque marked "VOID". The sample cheque you send to Humania Assurance will serve for all new debits that you may authorize on the account.
- If you wish to change the account on which the PDA is drawn, you must forward a sample cheque for the new account to Humania Assurance.

THE DEBIT

- You must be the designated Policyowner or the Payor of the policy contract and you must be the holder or the account on which the PAD is made.
- You must select a debit date between the 1st and the 28th of the month, inclusively. The debits will be made at this date each month for the duration stipulated in the policy contract.
- You can change the debits instructions provided the premium for the current month is paid or is due at least 10 days after the new date selected.
- The amount of the debit will vary in accordance with the premium as provided for in the policy contract.
- If the amount of the debit should vary, Humania Assurance is not required to provide notification.
- 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 included in it, by providing 10 days written notice.
- You may obtain further information on your right to cancel a PDA Agreement by visiting the Canadian Payments Association website at www.cdnpay.ca.

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 PDA is not honoured because of non-sufficient funds, closed account or other similar reasons.
- If your financial institution does not honour a debit because of non-sufficient funds, Humania Assurance will debit that amount again with the next monthly debit along with a fee of \$25 for each debit not honoured. Humania Assurance may also terminate this Agreement and the annual premium would then be due for all policies covered by this Agreement.
- 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.

RIGHT TO REIMBURSEMENT

You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PDA Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.



Pre-Authorized Debit Agreement (PDA) (...continued)

PERSONAL INFORMATION

In establishing your PDA, Humania Assurance will release and exchange with your financial institution only information that is legally required.

Policy(ies) number(s):

BANK ACCOUNT INFORMATION

These services are for Personal Business Use Date of withdrawals (1st to 28th)

Name of bank or financial institution

Transit Number Bank Number Account Number

Address _____

City _____ Province _____

Postal Code _____

The financial institution named above is hereby authorized now or at any subsequent time to honour the requests for PDA or fees made by Humania 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 from time to time, upon oral or written instructions.

Signed at _____

this _____ day of _____
(month/year)

Name of Payor (Account Holder)

First Name of Payor (Account Holder)

Name of Second Payor

(account holder) (if any)

First Name of Second Payor

(account holder) (if any)

Signature of Payor _____

Signature of Second Payor, if any _____

ATTACH A SAMPLE VOID CHEQUE HERE (if applicable)

SAMPLE "VOID" CHEQUE