Pre-Authorized Payment Plan

LAWYERS FINANCIAL

Email, fax, or mail this completed form to Lawyers Financial along with a **pre-printed void cheque**.

Email: clientexperience@lawyersfinancial.ca
Fax: 1 (866) 792-5276
Mail: Lawyers Financial, 500 - 5 Park Home Avenue, North York, ON M2N 6L4

Your authorization and void cheque must be received at least **10 days before** your first pre-authorized payment.

Payment frequency

☐ Monthly
1st of every month

☐ Quarterly
1st of every Dec/Mar/Jun/Sep

☐ Semi-Annual
1st of every Dec/Jun

☐ Annual *Best value
1st of every Jun for Health and Dental plans
1st of every Dec for all other plans

Administrative fees apply to payment frequencies other than annual.

Payment Authorization

I/We authorize Lawyers Financial to make automatic withdrawals from my/our bank account on or about the first business day of the month for insurance premiums due in accordance with the terms and conditions agreed to by me/us with Lawyers Financial until such time as written notice to the contrary is given. If the premium changes, Lawyers Financial is authorized to amend the amount of the pre-authorized withdrawals as required to administer my/our insurance contract. **I/We waive the right to receive further notice of the amount and date of each automated withdrawal from my/our account.** If the financial institution does not honour an automatic withdrawal the first time it is presented for payment, Lawyers Financial may attempt to withdraw that payment again within 30 days. Lawyers Financial reserves the right to change the method of payment at any time. 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 will notify Lawyers Financial in writing of any changes in the bank account information or of instructions to terminate this authorization 10 days prior to the next withdrawal date. I/We understand that cancelling this pre-authorized payment plan may result in loss of insurance coverage unless Lawyers Financial receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

I/We warrant that all persons whose signatures are required to sign on this bank account have signed this agreement.

Name of insured _____ Lawyers Financial account number _____ Date (DD/MM/YYYY) _____

Mailing address - Street/Apt. No. _____ City/Town _____ Province/Territory _____ Postal code _____

Phone number _____ Fax number (if applicable) _____ Email address _____

Name of bank account holder _____ Name of joint bank account holder (if applicable) _____

Signature of bank account holder _____ Signature of joint bank account holder (if applicable) _____

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or that is inconsistent with this pre-authorized payment agreement. For more information on your recourse rights, contact your financial institution or visit payments.ca.

We're here to help. If you have any questions about withdrawals from your bank account, call our Client Experience team at 1 (800) 267-2242 or email us at clientexperience@lawyersfinancial.ca.