

## Bar Group Pre-Authorized Payment Plan

The CBIA Pre-Authorized Payment Plan makes it quick and easy to pay your Bar Group insurance premium.

- 1. Complete and sign the enrollment/authorization form below.
- 2. Mail the enrollment/authorization form and a void cheque to our office or fax it to 1-866-792-5276.

We'll make sure that your next monthly premium due is drawn directly from the bank account provided. (Void cheque and authorization must be received at least 10 days prior to the date of the pre-authorized debit).

	ABC Company 123 Any Street Anytown PR A1A 1A1  MEMO	The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the following table.	
	Transit number	nstitution number Account number	
Transit Number:	Institution Nur	ber: Bank Account Number:	
Address:			
business day of the month f time as written notice to the withdrawals as required to a each automatic withdraw presented for payment, CBI payment at any time. All au Payments Association in Rul 10 days prior to the next wi CBIA receives another form	n Bar Insurance Association for insurance premiums due contrary is given. If the preadminister our insurance coval from my/our account. A may attempt to withdraw tomatic withdrawals from cle H-1. We will notify CBIA thdrawal date. We understate of payment. Any refund of bout withdrawals from your	(CBIA) to make automatic withdrawals from our bank account on a coordance with the terms and conditions agreed to by us with the mium changes, CBIA is authorized to amend the amount of the prentract. We waive the right to receive further notice of the amount of the financial institution does not honour an automatic withdrawal that payment again within 30 days. CBIA reserves the right to changur bank account will be treated as business withdrawals as defined in writing of any changes in the account information or termination and that cancelling this PAC agreement may result in loss of insurance premium paid pursuant to this authorization shall be made to the probability of the properties	he CBIA until such authorized unt and date of the first time it is ge the method of by the Canadian of this authorization ce coverage unless olicy owner.
You have certain recourse r reimbursement for any PAC	ights if any withdrawal doe withdrawal that is not auth	not comply with this agreement. For example, you have the right to prized or is inconsistent with this PAC agreement. To obtain a form for recourse rights, contact your financial institution or visit www.cdnpo	o receive or a
We warrant that all persons	whose signature(s) are rec	uired to sign on this account have signed this agreement.	
Name of Firm Insured:		CBIA Account No:	
Address:			
Phone:	Fax:	Email:	
Name of Account Holder:	Please Print	2nd Account Holder (if required):	
Signature of Account Holder		2nd Signature (if required):	

DD/MM/YYYY

Date