AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADs)

I/We authorize SASKATCHEWAN MUTUAL INSURANCE COMPANY (SMI) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions from my bank account as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of insurance premium and any applicable charges. All amounts debited will be in Canadian funds.

I/We understand I/we shall receive, with respect to the debiting of fixed-amount payments, written notice from SMI, the amount to be debited and due date(s) debiting, at least 10 (ten) calendar days prior to the date of the first payment, such notice shall be received each time there is a change in the amount of payment.

If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.

I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following: 1. A second presentation or attempt to withdraw funds. 2. Cancellation of my/our payment plan agreement. 3. Cancellation of my/our policy.

I/We understand that this authorization may be cancelled by me/us upon written notice.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.

I/We understand that this authorization is continuous and will automatically apply to the renewal terms until SMI has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

SMI may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 (ten) days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We authorize SMI to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payments of my/our insurance premiums. I/We authorize SMI to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted below.

1. **Type of Insurance Policy**

   SMI Policy # _____

   This is an insurance policy related to the payor's (check one):

   Personal Insurance ☐

   Business Insurance ☐

2. **Payor's name and address (please print)**

   Name of Account Holder _____

   Address _____
   (Mailing)

   _____
   Town/City Province Postal Code

   Insured (if different than account holder) _____

3. **Payment Interval** ☐ Monthly ☐ Tri-Annual ☐ Semi-Annual ☐ Annual

4. **Financial Institution and Account Information (please print):** ***Note: Account must allow chequing privileges.***

   Name of Financial Institution _____

   Address of Institution _____
   Branch Address

   _____
   Town/City Province Postal Code

   Account Info | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   Transit Institution Account Number

   AUTHORIZED SIGNATURE(S): _____ DATE: _____
   DD / MMM / YYYY

   ATTACH "VOID" CHEQUE

Mail or fax completed form to Saskatchewan Mutual Insurance Company – 279 3rd Avenue N, Saskatoon, SK S7K 2H8
Tel: 1-800-667-3067; Fax: 1-888-353-3293; Email: accounting_dept@saskmutual.com

(02/10)