

DIRECT BILL PAYMENT AUTHORIZATION



- Here's How to Enroll:
- 1) Complete and sign the Authorization Form.
 - 2) Attach a sample cheque marked "VOID" to the back of Authorization Form.
 - 3) Return Form and sample cheque to your Broker.

PERSONAL INFORMATION

Name (Surname First): _____ Policy Number: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Bus. Phone: _____ Ext: _____

Broker: _____ Broker No: _____

The account that the Payee is authorized to draw upon is indicated below. A specimen cheque has been marked "VOID" and attached to this authorization. I (we) undertake to inform the Payee, in writing of any change in the account information provided in this authorization prior to the next payment due date.

BANKING INFORMATION

Bank/Financial Institution: _____

Branch Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Chequing Account No: _____ BR. Transit: _____

NOTE: The option to choose the withdrawal date is only available for policies starting with "PER00". For all other policies, the withdrawal date will be the same as the effective date of the policy.

**Please Circle One
Withdrawal Date:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

I (we) hereby authorize the above named Bank/Financial Institution to debit my (our) account each month for all payments payable to AXA Pacific Insurance Company in payment of my (our) insurance premiums which will be collected monthly in advance. The Bank's/Financial Institution's treatment of each payment will be the same as if I (we) had personally issued a cheque authorizing them to pay as indicated and to debit the amount specified to my (our) account.

Any delivery of this authorization to AXA Pacific Insurance constitutes delivery by me (us).

This authorization may be revoked at any time by written notice by me (us). I (we) are aware that revocation of this authorization does not, however, terminate any contract for services between myself and AXA Pacific Insurance Company. My (our) authorization applies only to the payment method and does not otherwise have any bearing on the contract for services exchanged.

I (we) understand and accept this pre-authorized debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in this Payer's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of Rule H1 of the Canadian Payments Association.

I (we) confirm that all depositors whose signatures are required on cheques issued against said account have signed below.

See on page 2 of the form for more detailed terms and conditions.

Date: _____ Signature(s): _____
(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account)

CREDIT CARD PAYMENT AUTHORIZATION FOR SINGLE PAY PLAN ONLY

Please complete the portion below ONLY if you are paying your policy in FULL:

Credit Card: Mastercard Visa _____ Card #: _____

Amount: _____ Expiry Date: _____ Policy Number: _____

Card Holder Name: _____ Card Holder Signature: _____

Exclusively underwritten by AXA Pacific Insurance
 Legends is a division of Thomson Schindle Green Insurance & Financial Services Ltd