Westland Insurance Group Ltd.

Pre-Authorized Debit Agreement

Westland Insurance Group Ltd.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Westland Insurance Group Ltd., and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Westland Insurance Group Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the _____ day of each month, or the following business day. Westland Insurance Group Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Westland Insurance Group Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) 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.payments.ca.

Westland Insurance Group Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 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, I/we may contact my/our financial institution or visit www.payments.ca.

PLEASE PRINT **DATE:** _____

Name(s): _____ Type of Service: ☐ Personal ☐ Business

Westland Insurance Group Ltd. Account Number: _____

Address: _____

City/Town: _____ Province: BC Postal Code: _____

Phone Number: Business _____ Residential _____

Credit Card Type: ☐ VISA ☐ MasterCard

Last 4 Digits of Credit Card Account Number: XXXX XXXX XXXX _____

Expiry Date: _____

Your agent will contact you for the full credit card number when setting up the payment plan. Only the last 4 digits are required for authorization purposes.

OR

Financial Institution (FI): _____

Branch Address: _____

City/Town: _____ Province: BC Postal Code: _____

*FI Number: _____ (3 digits) *FI Transit Number: _____ (5 digits) *FI Account Number: _____

***or void cheque is attached**

Authorized Signature(s): _____

_____

Westland Insurance Group Ltd.
Attention: Accounts Receivable
#200-2121 160th Street, Surrey, BC, V3Z 9N6

Tel: (604) 543-7788 Fax: 1-866-775-6859
E-mail: ar@westlandinsurance.ca
Website: www.westlandinsurance.ca