

PAYMENT BY MONTHLY PRE-AUTHORIZED CHEQUING

I (we) authorize Morneau Sobeco to draw monthly debits, by paper or electronic entry, covering payment due for the insurance coverage referenced in this application.

Full Name:

Company Name:

Billing Account Number:

Association Membership:

Mailing Address:

Bank Name:

Branch Address:

Bank Account Number:

Date of Withdrawal: 1st of month 20th of month

Your treatment of each debt shall be the same as if I (we) had personally directed you to pay the amount owing and to debit my (our) account. Any delivery of this authorization to you constitutes delivery by me (us). I (we) may cancel this authorization at any time upon written notice to Morneau Sobeco.

Signature

Date Signed

Signature
(for a joint account, all depositors must sign)

Date Signed

**YOU MUST ATTACH A VOIDED CHEQUE
FOR THIS AUTHORIZATION TO BE EFFECTIVE**

Mail completed form to: Morneau Sobeco
VIP Division
895 Don Mills Road, Suite 700
One Morneau Sobeco Centre
Toronto, ON M3C 1W3

OR Fax to: 416-445-7989