

I, the undersigned, the payer, authorize UV Insurance to debit my account at the financial institution referred to below of the amounts due to UV Insurance under the insurance contract mentioned below.

Important: Fill out in block letters and answer each section as accurately as possible.

Section A—Collection, Use and Communication of Your Personal Information

Through this form, UV Insurance collects your personal information in order to debit, directly from your registered account at your financial institution (mentioned in section D), the amounts required to pay the sums owed to UV Insurance.

Your personal information may also be used specifically to:

- ▶ Confirm your identity;
- ▶ Establish and update the profile, needs, and objectives;
- ▶ Comply with legal and regulatory requirements (e.g., to prevent, detect or suppress offences, cyber threats, and fraud).

Section B—Owner's Information

1. First name _____ Last name _____

Section C—Information Regarding the Request

I hereby request for contract # _____

- a change of payment method;
- a change of account for an existing pre-authorized debit;
- that UV Insurance exceptionally debit an amount of \$ _____
from my account as of _____;
- that UV Insurance ceases any debit from my account regarding contract # _____.
I understand that this contract could be terminated following this request if the premium is not paid in the given delay.
- a change in payment frequency.

Section D—Payer's Information

- 1. First name _____ Last name _____
- 2. Date of birth _____ 3. Sex M F
- 4. Address _____
City _____ Province _____ Country _____ Postal code _____
- 5. For a legal entity, please provide the business number (NEQ or BN) _____
In addition, please complete the Corporate Resolution form (EN-1033A).
- 6. Phone _____, ext. _____ Cell. Home Office
- 7. Email _____

Section E—Banking Information

1. Name of financial institution _____
2. Branch address _____
City _____ Province _____ Country _____ Postal code _____
3. Type of account Chequing Savings
4. Type of service Personal Business
5. Transit # _____ Branch # _____ Account # _____
6. Frequency monthly annually
7. Debit the first premium directly from the account Yes No
8. I want the payments to be debited on the _____ (between the 1st and 28th) day of each month OR on the due date for annual payments.

Important: Please enclose a specimen cheque from your financial institution marked "VOID."

Section F—Declaration

This authorization should be read in the plural form if signed by more than one person. This authorization is to remain in force until UV Insurance has received written notice from me of its change or cancellation. This notice must be received at least ten (10) business days before the next debit at UV Insurance's head office. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

UV Insurance may not assign this authorization, directly or indirectly, by application of the law, change of control or otherwise, without at least ten (10) days' written notice.

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

Section G—Consent and Signatures

The information disclosed in this form will be shared with UV Insurance staff responsible for processing your pre-authorized debit request, as well as any other persons authorized by law.

Please note that if any of your personal information is inaccurate, incomplete, or ambiguous, you may request its correction by submitting a request to UV Insurance.

You also have the right to request information about the use of your personal information.

Moreover, you may withdraw your consent to the disclosure or use of your personal information at any time. For more details, please visit our website at [Privacy Policy](#).

Signed at _____ Date _____

X _____
Signature of account holder 1*

X _____
Signature of account holder 2*

X _____
Signature of the contract owner

* If this is a joint account where multiple signatures are required, all account holders must sign the authorization.

