

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

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to request pre-authorized premium debits.

Your personal information is used to:

- ▶ Identify you
- ▶ Establish and update your profile and your needs and goals
- ▶ Comply with legal and regulatory requirements (in particular to prevent, detect or prosecute offences, cyber threats and fraud)

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Group Information

1. Group name (payor) _____ 2. Group no. (contract) _____
3. Address _____
- City _____ Province _____ Postal code _____

Section C – Banking Information

1. Name of financial institution _____
2. Transit (5 digits) _____ Branch (3 digits) _____ Account _____
3. Name of authorized signatory _____ Title _____
4. Name of second authorized signatory (if applicable) _____ Title _____

Important: Please attach a voided cheque and complete the information requested below.

Section D – Debit Instructions

Pre-authorized debits will apply to the total amount charged on the monthly bill in accordance with the insurance coverage under the terms of the contract. The amount of the first bank debit may include any previous outstanding balance.

Desired debit date	Applicable for
☐ The 1st day of each month (default)	☐ All billing units
☐ The _____ day of each month (must be earlier than the 15th)	☐ The following billing units _____

Note: If payment of the initial deposit premium is made by bank debit, the debit will be processed within a few days of when the group is set up in our systems. The bank debit date for the premium could therefore be different from the desired debit date indicated above.

Section E – Consent and Signatures

By signing, you understand that in the event any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance.

You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our [Privacy Policy](#).

Signature

By signing below, you confirm that you have read and agree to the information in this form.

X _____ Date _____
Signature Name of signatory (please print)

X _____ Date _____
Signature (of second signatory if applicable) Name of signatory (please print)

