# Fleet Pre-Authorized Debit Agreement

Offered by NAL Insurance Inc.

POLICY # _____ (for internal/NAL use only)

TIME BINDING MM/DD/YYYY HH/MM (for internal/NAL use only) ❑ AM ❑ PM

## SECTION 5 : FINANCIAL INSTITUTION INFORMATION

For pre-authorized debit, please complete the attached PAC form and attach a void cheque with your application.

FULL NAME/BUSINESS NAME ON PAYOR ACCOUNT

PAYOR ADDRESS PAYOR EMAIL

PAYOR PHONE PAYOR CELL

NAME OF BANK

TRANSIT# (5 digits) INSTITUTION# (3 digits) ACCOUNT#

## SECTION 6 : PRE-AUTHORIZED DEBIT PAYMENT AGREEMENT

I/we authorize NAL Insurance Inc. 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 NAL Insurance account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the date specified each month. NAL Insurance Inc. will provide written notice of a change in payment at least 10 days prior to the regular payment schedule date for individuals; for fleet administrators, a monthly invoice will be issued 10 days prior to the payment due date. NAL Insurance will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until NAL Insurance Inc. 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.cdnpay.ca.

NAL Insurance may not assign this authorization, whether directly or indirectly, by operations 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 Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Date Signed at Print Name Signature