

Pre-Authorized Debit Agreement
Guardian Risk Managers Ltd.

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

I/we authorize Guardian Risk Managers 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 Guardian Risk Managers 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. Guardian Risk Managers Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Guardian Risk Managers 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.cdnpay.ca.

Guardian Risk Managers 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.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____

Type of Service: Personal

Policy Number: _____

Business

Address: _____

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

Phone Number: Business _____ Residential _____

Credit Card Type:

VISA

Credit Card Account Number: _____

MasterCard

Expiry Date: _____

OR

Financial Institution (FI): _____

Branch Address: _____

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

*FI Number: _____ *FI Transit Number: _____ *FI Account Number: _____

3 digits

5 digits

***or void cheque is attached**

Authorized Signature(s): _____
