

## PAYOR'S AGREEMENT FOR PRE-AUTHORIZED DEBITS

1. I/We have attached a specimen cheque marked "VOID" to this Payor Agreement.

I/We will inform the Payee of any change in the information provided in this Agreement. This notification must be received in writing or by phone, at least 10 days before the next debit is scheduled. Please note that any changes to the name of the Payor on the account or any change in Financial Institution must be done in writing.

2. Payee's Name and Address:

Combined Insurance Company of America/Compagnie d'assurance Combined d'Amérique  
(herein called *Combined Insurance or Payee*)  
P.O. Box 3720 MIP, Markham, ON L3R 0X5  
Tel: 1 888 234-4466/Fax: 905-305-8600  
[www.combined.ca](http://www.combined.ca)

3. I/We may instruct the Payee, by phone or email, to change the amount of automatic withdrawal provided in this Agreement.
4. I/We understand that in the event a Pre-Authorized Debit is returned to the processing institution for the reason Non-Sufficient Funds (NSF), the returned debit will automatically be re-presented for collection from the account by the processing institution and the account may be charged for any NSF fees.
5. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed this Agreement.
6. I/We hereby authorize Combined Insurance to issue Pre-Authorized Debits drawn on the account whether it continues to be maintained at the branch named, or is transferred from time to time to another branch of the bank, payable to Combined Insurance for payment of policy premiums, as required.
7. I/We may cancel this Agreement at any time subject to providing the Payee with 10 business days notice in writing or by phone. To obtain a sample cancellation form or for information on my/our right to cancel this Agreement, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
8. I/We acknowledge that the processing institution is not required to verify that a Pre-Authorized Debit has been issued in accordance with the particulars of this Agreement including, but not limited to, the amount, or that any purpose of payment for which the Pre-Authorized Debit was issued has been fulfilled by the Payee as a condition to honouring a Pre-Authorized Debit issued or caused to be issued by the Payee on the account.
9. Revocation of this Agreement does not terminate any contract for goods or services that exists between me/us and the Payee. This Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
10. 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 debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
11. I/We waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.

