

**IMPORTANT :** Attach a personal cheque marked "VOID" to avoid errors in transcription.  
Only a valid chequing account can be used (not a line of credit account).

### Account information

<b>Account holder</b>	First name	Last name	10-digit phone number	
	Address (No., street, apt.)	City	Province	Postal code
<b>Second account holder</b> (if applicable)	First name	Last name	10-digit phone number	
	Name and address of financial institution			
<b>Account information</b>	Institution number	Transit number	Account number	

### Authorization of withdrawal

I authorize Desjardins Insurance and the financial institution where I have my account, or any other financial institution I may appoint, to debit the following amount(s) according to my instructions, at the frequency indicated:

Monthly  Semi-annual  Annual

**Draw date\*** (select between 1st and 28th): \_\_\_\_\_

**Loan repayment:** \$ \_\_\_\_\_ (if applicable)

\* For a universal life contract, the draw date will be the issue date of the contract.

Contract number(s)	Amount to be withdrawn
	<b>Total</b> (including loan repayment)

### Special instructions

**Type of PAD Agreement:**  Personal/Individual  Business

#### Waiver

I agree to waive any written notice before the first debit is made or when any change is made to the above debit.

#### Change or cancellation

I will advise Desjardins Insurance of any changes to this PAD Agreement at least 10 business days prior to the next withdrawal.

I can cancel this PAD Agreement at any time by sending a notice to Desjardins Insurance at least 10 business days prior to the next withdrawal.

I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement by consulting my financial institution or by visiting [www.payments.ca](http://www.payments.ca).

The cancellation of this PAD Agreement does not terminate the policyowner's obligations under his contract(s).

Desjardins Insurance can cancel the PAD Agreement by sending a 30-day notice to the policyowner. The PAD Agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reason.

#### Authorization to collect and communicate personal information

I consent to the disclosure of the personal information in this PAD Agreement to Desjardins Insurance's financial institution and to the holder of the contract(s) paid through this PAD Agreement.

#### Reimbursement

I have certain rights of recourse if a PAD does not comply with the terms of this PAD Agreement. For example, I have the right to receive a reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit [www.payments.ca](http://www.payments.ca).

### Signature of account holder(s)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of account holder Date (yyyy/mm/dd) Signature of the second account holder Date (yyyy/mm/dd)  
(Only if 2 signatures are required)

Representative: \_\_\_\_\_

Financial centre: \_\_\_\_\_