

**PAC AUTHORIZATION**

I/WE HEREBY AUTHORIZE THE FOLLOWING NAMED BANK OR ANY OTHER FINANCIAL INSTITUTION WHICH I/WE MAY IDENTIFY, TO DEBIT MY/OUR ACCOUNT EACH MONTH FOR THE PURPOSE OF PAYING INSURANCE PREMIUMS TO **ELITE INSURANCE COMPANY OF CANADA.**

YOUR TREATMENT OF EACH WITHDRAWAL OR DEBIT SHALL BE THE SAME AS IF I/WE HAD PERSONALLY ISSUED A CHEQUE.

I/WE WILL ENSURE THAT FUNDS ARE AVAILABLE TO COVER THE AMOUNT OF THE WITHDRAWAL.

I/WE UNDERSTAND THAT THIS AUTHORIZATION MAY BE CANCELLED BY ME/US UPON WRITTEN NOTICE.

INSURANCE POLICY NO.: \_\_\_\_\_

BANK NO.: \_\_\_\_\_ BRANCH/TRANSIT NO.: \_\_\_\_\_ BANK ACCOUNT NO.: \_\_\_\_\_

NAME OF BANK/FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS OF BANK/FINANCIAL INSTITUTION: \_\_\_\_\_

PREFERRED DAY OF BILLING: \_\_\_\_\_

**X** \_\_\_\_\_  
**MY/OUR SIGNATURE(S) AS SHOWN ON BANK RECORDS**

MY/OUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE NO.:(\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE NO.:(\_\_\_\_) \_\_\_\_\_

**REMEMBER TO ENCLOSE A BLANK SAMPLE CHEQUE MARKED "VOID".**