



PAYMENT AUTHORIZATION FORM

For Office Use Only

PLEASE PRINT

Firm # _____ Certificate # _____

Name(s): _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: _____ (Bus.) _____ (Res.)

PRE-AUTHORIZED DEBIT (PAD) *(Attach a void cheque)*

I have attached a void cheque.
These services are for (check one): Personal use Business use

I authorize ACE INA Life Insurance and the financial institution designated to begin deduction of premium for _____
in the amount of \$ _____ (Your monthly/annual premium) to be charged. I understand that premiums will be deducted on
or about the first business day (of each month for monthly premiums or following the policy anniversary for annual premiums) from the
account shown on the attached void cheque.

Signature: _____ Date: _____

Signature: _____ Date: _____
Secondary signature required on joint account.

I have waived the right to pre-notification at least 10 days before my first PAD; however ACE INA Life Insurance will send me written notice identifying the new amount at least 10 days before each and any change in the amount of my PAD, with the exception of a reduction in tax rate.

I may revoke my authorization at any time in writing or by phone, subject to a 30 day notice. To obtain a sample cancellation form or for information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any PAD does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Please submit this form by mailing to:

ACE INA Life Insurance
1400 - 25 York Street,
Toronto, Ontario
M5J 2V5