



GMS Insurance Contract ID:

Group Pre-Authorized Payment Application Form

Please Print

Name(s) of Bank Account Holder _____
 Address _____ City/Town _____ Prov. _____
 Postal Code _____ Email _____
 Home Phone () _____ Business Phone () _____

Type of Account: Chequing Savings

- If the account being used is a chequing account, please provide a blank cheque marked "Void".
- If the account being used is a savings account, please provide the following information:
 Name of Bank/Financial Institution _____
 Bank Number _____ Transit Number _____ Account Number _____
 Address _____ City/Town _____ Prov. _____ Postal Code _____

Notes:

- **Payment for the first month's premium amount must be included with this application.**
- NSF withdrawals will be handled in accordance with GMS Insurance standard NSF policy.
- Withdrawal payments will continue until such time as written notice to the contrary is given.
- We require 30 days notice, in writing, if there is a change to your banking information.

I/We ("I") hereby authorize the above named financial institution to debit my account for all payments to GMS Insurance Inc. for payment of my premiums and any related fees, as may be determined from time to time, and which will be collected monthly in advance.

Each payment will be treated as though I had personally issued a cheque authorizing payment to GMS Insurance Inc. as indicated and to debit the amount specified to my/our account.

Any delivery of this authorization to the above financial institution constitutes delivery by me.

This authorization may be cancelled at any time by providing written notice to GMS Insurance Inc. However, I understand that I am responsible for remitting monthly premiums to GMS Insurance Inc., and upon cancellation of this authorization, will ensure that any unpaid premiums are remitted in full immediately.

SIGN HERE

Date (DD-MM-YY) Signature(s) In the case of a joint account, all depositors signatures must appear.