

## 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 **Aviva 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: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
My/Our signature(s) as shown on bank records

My/Our name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_ Business telephone: (\_\_\_\_) \_\_\_\_\_

**Remember to enclose a blank sample cheque marked "Void".**