



Authorization For Pre-Authorized Debits

I/We authorize Germania Mutual Insurance Company and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instruction for monthly regular recurring payments and /or one-time payments from time to time, for payment of insurance premiums.

Regular monthly payments for the full amount of the premium plus a 3% service charge will be debited to my/our specified account on:

Select your specified calendar date _____, of each month or the next business day.

Germania Mutual Insurance Company will provide 10 days written notice of the amounts of each regular debit. Germania Mutual Insurance Company will obtain my/our authorization for any other one-time or sporadic debits and will notify me/us of the amounts plus any fees and the withdrawals date of any returned payments.

This authority is to remain in effect until Germania Mutual Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca

Germania Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

Customer Information (please print clearly)

Name (s): _____

Address: _____

Phone# (Res. Or Cell): _____ (Bus) _____

This is an insurance policy related to the payor's (check one) _____ Personal Property _____ Business Property

Financial Institution and Account Information (please print clearly) or Attach Voided Cheque

Financial Institution (FI): _____

FI Branch Address: _____

FI Bank # _____ (3 digits) Branch Transit # _____ (5 digits) Account # _____

_____ Sign. Of Acct Holder _____ Sign. Of Joint Acct Holder

_____ Date

_____ Date

Germania Mutual Insurance Company

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