CBIA | AABC

THE CANADIAN BAR INSURANCE ASSOCIATION
L'ASSOCIATION D'ASSURANCES DU BARREAU CANADIEN

Pre-Authorized Payment Plan

The CBIA Pre-Authorized Payment Plan makes it quick and easy to pay your insurance premium.

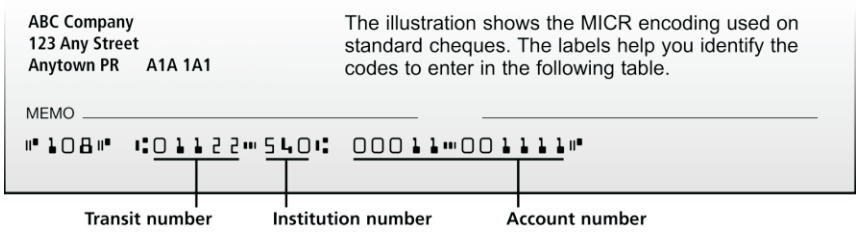
1. Complete and sign the enrollment/authorization form below.
2. Mail the enrollment/authorization form and void cheque to our office or fax it to1-866-792-5276.

We'll make sure that your next premium due is drawn directly from your bank.
(Void cheque and authorization must be received at least 10 days prior to the date of the pre-authorized debit).

Payment Options:

- ❑ Monthly — 1st of each month
- ❑ Quarterly — 1st of Dec/Mar/June/Sept
- ❑ Semi-Annual — 1st of Dec/June
- ❑ Annual — 1st of December

NOTE: Administrative charges apply to payment frequencies other than annual.



Transit Number: ☐☐☐☐☐ Institution Number: ☐☐☐ Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution: _____

Address: _____

Payment Authorization

I/We authorize The Canadian Bar Insurance Association (CBIA) to make automatic withdrawals from my/our bank account on or about the first business day of the month for insurance premiums due in accordance with the terms and conditions agreed to by me/us with the CBIA until such time as written notice to the contrary is given. If the premium changes, CBIA is authorized to amend the amount of the preauthorized withdrawals as required to administer my/our insurance contract. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the financial institution does not honour an automatic withdrawal the first time it is presented for payment, CBIA may attempt to withdraw that payment again within 30 days. CBIA reserves the right to change the method of payment at any time. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We will notify CBIA in writing of any changes in the account information or termination of this authorization 10 days prior to the next withdrawal date. I/We understand that cancelling this PAC agreement may result in loss of insurance coverage unless CBIA receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

If you have any questions about withdrawals from your bank account, contact CBIA at 1-800-267-2242, www.barinsurance.com, or write to Customer Service at The Canadian Bar Insurance Association, 5 Park Home Avenue, Suite #500, Toronto, Ontario M2N 6L4.

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any PAC withdrawal that is not authorized or is inconsistent with this PAC agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

I/We warrant that all persons whose signature(s) are required to sign on this account have signed this agreement.

Name of Insured: _____ CBIA Account No: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Account Holder: _____ 2nd Account Holder (if required): _____
Please Print

Signature of Account Holder: _____ 2nd Signature (if required): _____

Date _____
DD/MM/YYYY