



ANGUS-MILLER LTD.

40 Wellington Row, Saint John, New Brunswick E2L 3H3 Phone:506-633-7000 Fax:506-634-8769

Pre-Authorized Debit Plan Authorization Form

(for Angus-Miller Ltd. 'in-house' plan)

Please complete and sign the following authorization form.

Please **include a blank 'void' cheque** from your bank account.

If, for any reason, your Bank, Trust Company or Credit Union returns your cheque, a \$10.00 fee will be charged to your account.

All cheques should be made payable to "Angus-Miller Ltd."

Down payment cheques willingly accepted.

Policy #: _____

I/we hereby authorize the financial institution named herein to debit my/our account for all payments due to Angus-Miller Ltd for the collection of my/our insurance premiums. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account. Any delivery of this authorization to you constitutes delivery by me/us. This authorization may be cancelled at any time upon 15 days notice by me/us.

Print Full Name _____

Address _____

Name of Bank, Trust Company or Credit Union _____

Address of Bank, Trust Company or Credit Union _____

Account Number _____

Preferred Withdrawal Date _____ otherwise the 1st of each month.

Signature _____ Date _____