

**INSURED:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**Please choose one of the following two payment options.**
 **OPTION 1 – PRE-AUTHORIZED PAYMENT PLAN – ATTACH CHEQUE MARKED ‘VOID’**

Name of Bank Account Holder \_\_\_\_\_

 **OPTION 2 – CREDIT CARD**

Western Life Assurance Company is authorized to charge my Credit Card. I agree to furnish Western Life Assurance with the updated Credit Card Expiry date as required. This authorization extends to any replacement cards I may receive and will remain in effect until I cancel it.

 Card Type:     MASTERCARD                       VISA                      **Amex, Debit or Prepaid Cards are not accepted.**

 Card Number: \_\_\_\_\_                      Expiry Date: \_\_\_\_\_  
MM/YY

Name as it appears on the Credit Card: \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City, Province                      Postal Code                      Telephone Number (    ) \_\_\_\_\_

**AUTHORIZATION AND SIGNATURE**
 Regular MONTHLY payments in the amount of \$ \_\_\_\_\_ will be debited to my/our account or charged to the credit card on the \_\_\_\_\_ day of each month.

 Regular ANNUAL payment in the amount of \$ \_\_\_\_\_ will be debited to my/our account or charged to the credit card on \_\_\_\_\_ of each year. MM/DD

 In the event of an unsuccessful payment, a \$ 35.00 fee will apply.

I understand that premiums may increase by the amount required to keep my policy in effect as stated in my policy. I agree that this authorization in no way affects the terms or conditions of the policy.

Western Life Assurance is authorized to draw cheques under its Pre-Authorized Payment Plan (PAPP) and/or Credit Card Payment Option on the Account and Financial Institution designated by me. I further authorize such institution and any of its branches to deal with such transfers as though they were signed by me.

- I also agree to furnish Western Life Assurance Company with a voided blank cheque now and at any future time, as required, to assure the accurate imprinting of bank information on my Pre-Authorized transfers.
- I may revoke my authorization at any time, subject to providing notice of 30 days' notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAPP Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
- Every effort will be taken to meet the same date every month, however this date could change for a given month.
- Western Life Assurance is not required to provide notification before the initial premium is debited.
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAPP agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

This authorization shall continue in force so long as said policy shall qualify for premium payments under this plan or until this authorization is revoked. Either party to this agreement may terminate this authorization by written notice mailed to the other party at his address of record.

 Signature of Bank Account holder / Credit Cardholder \_\_\_\_\_                      Dated: \_\_\_\_\_  
MM/DD/YYYY

 Signature of Bank Account holder / Credit Cardholder \_\_\_\_\_                      Dated: \_\_\_\_\_  
MM/DD/YYYY