CSIO PAYMENT AUTHORIZATION FORM

☐ NEW REQUEST
☐ CHANGE OF EXISTING INFORMATION

INSURANCE COMPANY	LIST ALL POLICY NUMBERS APPLICABLE TO THIS PAYMENT AUTHORIZATION

1. INSURED'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

BROKER'S FULL NAME AND POSTAL ADDRESS

J.W. Davis Insurance Brokers Ltd
987 Clarkson Road South
Suite #100
Mississauga, Ontario POSTAL CODE L5J 2V8

CONTACT NUMBER ( ) -	☐ BUSINESS ☒ HOME ☐ FAX	**CONTACT NUMBER** ( ) -	☒ BUSINESS ☐ HOME ☐ FAX	COMPANY'S CLIENT ID:	BROKER'S CLIENT ID:
EMAIL ADDRESS					

2. METHOD OF PAYMENT

2A. CREDIT CARD INFORMATION- All credit cards listed below may not be supported by the insurance company. Please refer to your broker and/or company.

☐ AMERICAN EXPRESS
☐ DINERS CLUB
☐ DISCOVER
☐ MASTERCARD
☐ VISA

CARD NUMBER

EXPIRY DATE MONTH / YEAR

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE

☐ AMOUNT $ 0.00 FREQUENCY NEXT WITHDRAWAL DATE / /

☐ DOWNPAYMENT AMOUNT $ 0.00 ADDITIONAL CHARGES $ 0.00 OR 0 % DESCRIBE

2B. ACCOUNT INFORMATION

NAME OF ACCOUNT HOLDER

ADDRESS OF ACCOUNT HOLDER

CITY / PROVINCE POSTAL CODE

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY / PROVINCE POSTAL CODE

ACCOUNT INFORMATION (Account must provide chequing privileges) **ATTACH VOID CHEQUE**	TRANSIT NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER

☐ AMOUNT $ 0.00 FREQUENCY NEXT WITHDRAWAL DATE / /

☐ DOWNPAYMENT AMOUNT $ 0.00 ADDITIONAL CHARGES $ 0.00 OR 0 % DESCRIBE

ACCOUNT HOLDER'S SIGNATURE	ACCOUNT HOLDER'S SIGNATURE	DATE (YYYY/MM/DD)

Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned.

3. CONSENT AND DISCLOSURE

MY / OUR SIGNATURE CONFIRMS THAT:

I / We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our financial institution account
I / We hereby authorize the above named financial institution to debit my / our account for all payments payable to:
in payment of the insurance premiums and any applicable charges and taxes.

I / We understand that this authorization may be cancelled by me / us upon written request.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct insurance payments from my account at the financial institution named above.

I / We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.

AUTHORIZED SIGNATURE	INSURED SIGNATURE	DATE (YYYY/MM/DD)
AUTHORIZED SIGNATURE	INSURED SIGNATURE	DATE (YYYY/MM/DD)