UV INSURANCE

REQUEST FOR AUTOMATIC DIRECT DEBITS OF PREMIUMS

GROUP INSURANCE

❑ FIRST REQUEST ❑ MODIFICATION ❑ CANCELLATION

GROUP INFORMATION

NAME OF GROUP (Payer)		GROUP NO. (Contract)
ADDRESS (Number, Street, City)	PROVINCE	ZIP CODE

BANK INFORMATION *(Please attach a check with the mention "void" and provide the information requested below)*

NAME OF FINANCIAL INSTITUTION	TRANSIT 5 DIGITS	BRANCH 3 DIGITS	ACCOUNT 7 DIGITS
ADDRESS (Number, Street, City)	PROVINCE	ZIP CODE	
NAME OF AUTHORIZED SIGNATORY	TITLE		
NAME OF SECOND AUTHORIZED SIGNATORY (If applicable)	TITLE		

DIRECT DEBITS INSTRUCTIONS *(Please use a different form for each instruction)*

THE AUTOMATIC DIRECT DEBIT WILL APPLY ON THE TOTAL AMOUNT CHARGED IN THE MONTHLY INVOICE ACCORDING TO BENEFITS INSURED UNDER THE PROVISIONS OF THE CONTRACT.

DESIRED DAY FOR DIRECT DEBITS:

- ❑ THE1ST DAY OF EACH MONTH (CHOICE BY DEFAULT)
- ❑ THE _____ DAY OF EACH MONTH (BEFORE THE 15TH OF THE MONTH)

APPLICABLE FOR :

- ❑ ALL DIVISIONS
- ❑ FOLLOWING DIVISIONS: _____

THE FIRST DIRECT DEBIT COULD INCLUDE THE PREMIUM OF TWO MONTHS, DEPENDING ON THE DATE THE REQUEST IS RECEIVED.

AUTHORIZATION AND SIGNATURE(S)

I, THE UNDERSIGNED, HEREBY IN MY CAPACITY OF SIGNATORY OF THE BANK ACCOUNT IDENTIFIED ABOVE, AUTHORIZED **UL MUTUAL** TO MAKE MONTHLY DIRECT DEBITS OF GROUP INSURANCE PREMIUMS IN COMPLIANCE WITH INSTRUCTIONS MENTIONED ABOVE. I UNDERSTAND THAT THE AMOUNT DEBITED DEPENDS ON BENEFITS EFFECTIVE AT THE MOMENT OF INVOICING. I AM AWARE THAT FEES OF $ 25,00 WILL BE ADDED TO THE AMOUNT CHARGED EVERY TIME A PAYMENT BY DIRECT DEBIT IS NOT HONORED. I CONFIRM THAT INFORMATION INDICATED ON THIS FORM IS CORRECT AND I UNDERTAKE TO INFORM UL MUTUAL, IN WRITING, OF ANY CHANGE. I AGREE THAT THIS DIRECT DEBIT AGREEMENT CAN BE CANCELLED BY UL MUTUAL OR BY ME IN A WRITTEN NOTICE THAT WOULD HAVE TO BE RECEIVED WITHIN AT LEAST 10 BUSINESS DAYS BEFORE THE DUE DATE OF THE NEXT DIRECT DEBIT.

BY	DATE YYYY - MM - DD
BY (second signatory if applicable)	DATE

555 (2015-01) UV Insurance is a business name and trademark of The Union Life Mutual Assurance Company.

RETURN TO:

UL MUTUAL

142 HERIOT STREET, P.O. BOX 696, DRUMMONDVILLE, QUEBEC J2B 6W9
PHONE: 819-478-1315 EXTENSION 2076 - TOLL-FREE: 1-800-567-0988 - FAX: 819-474-1990