

The Dominion Automatic Payment Plan Authorization

My Name

My Address

Postal Code

Binder No.

Type of Business

Personal

Business

Debit Date

Bank or Financial Institution

Account Number.

Bank Transit Number

(branch - 5 digits; bank - 3 digits)

Branch

Branch Address

Postal Code

I hereby authorize the above named bank or financial institution ("bank") to debit my account for amounts payable to The Dominion of Canada General Insurance Company (The Dominion) in connection with the above noted insurance policy.

I authorize all monthly recurring payments of insurance premiums and related taxes (payable monthly, in advance) and any other applicable charges on the Debit Date set forth above, or on another Debit Date as mutually agreed (Monthly Payments).

I also authorize payments of variable amounts, on dates other than the Debit Date, that are required upon the occurrence of the following events ("Event Payments"):

The issuance, renewal, amendment (endorsement), cancellation or reactivation (reinstatement) of my insurance policy, or of any coverage under my policy;

The closure of my account, or the suspension of it due to death or the effect of a stop payment;

The return of a monthly recurring payment for non-sufficient funds (NSF), which requires such payment to be withdrawn again, plus an NSF fee (in provinces where permitted); and

The decision of The Dominion, in response to my request and in limited circumstances, to change the Debit Date temporarily.

Receipt of this authorization ("APA") by The Dominion constitutes delivery of it by me to the bank.

This APA may be revoked by me at any time by written notice. Revocation does not automatically terminate my insurance coverage unless the written notice specifically instructs The Dominion to terminate the insurance coverage. Termination of my insurance coverage, initiated by me or The Dominion, will have the effect of terminating this APA.

I will notify The Dominion of any change in my account information at least ten calendar days prior to the next due date of a payment.

I may obtain a sample cancellation form, or more information on my right to cancel this APA, at the bank or by visiting www.cdnpay.ca.

I will ensure that sufficient funds are available for payments authorized under this APA. I understand that if sufficient funds are not available, The Dominion may terminate my insurance coverage.

For Monthly Payments, The Dominion will notify me of the amount to be withdrawn at least ten calendar days before the Debit Date of the first withdrawal. If the amount of a Monthly Payment changes, or if an Event Payment is required, The Dominion will notify me at least ten calendar days before the withdrawal.

If any withdrawal is not authorized or does not comply with this APA, I have the right to seek reimbursement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I can contact the bank or visit www.cdnpay.ca.

I consent to disclosure by The Dominion to its financial institution of any personal information that may be contained in this APA, provided that such disclosure is directly related to and necessary for the withdrawals authorized under this APA.

I attest that the signatures below are required to operate the account identified above.

I have read and I understand this APA, and I have received a copy of it for my records.

Date:

Signature as required on cheque

Date:

Second signature if required

Please enclose a sample cheque marked "void"

The Dominion of Canada General Insurance Company
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Toronto, ON M5H 3B9
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