



**MUTUELLE
D'ASSURANCE
EN ÉGLISE**

AGENCE EN ASSURANCE DE DOMMAGES

FORM

**Pre-authorized debit payment of premium with
La Mutuelle d'Assurance en Église**

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

We authorize la Mutuelle d'Assurance en Église (MAE) and the financial institution designated (or any other financial institution we may authorize at any time) to begin deductions as per our instructions for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under our MAE account. Regular recurring payments for the full amount of services delivered will be debited to our specified account each period.

We also authorize MAE to credit our account all amounts corresponding to premium adjustments or member's surplus distribution. This authority is to remain in effect until MAE has received written notification from us of its change or termination. This notification must be received at MAE's address at least ten (10) business days before the next debit is scheduled. We may obtain a sample cancellation form or more information on our right to cancel a PAD Agreement at our financial institution.

MAE may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without advising us, in writing, at least 10 days prior.

We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on our recourse rights, we may contact our financial institution.

MEMBER COORDINATES			
Member Number		Type of service	Commercial
Name(s)			
Address			
City/Town		Province	Quebec
Postal Code		Phone Number	

BANK ACCOUNT INFORMATION <i>please print</i>	
Financial Institution	
See attached specimen cheque	<i>(Please join your specimen)</i>

Number of payment(s)	
1 payment	
4 payments (quarterly)	
12 payments (monthly)	

Printed name : _____

Authorized Signature : _____

Date : _____

Please return **this form and the specimen cheque** to us by mail
Or by fax to: (514) 861-8921