

# REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

Please return this form to:  
Angela Moreau, MDM Insurance Services Inc., P.O. Box 970, Guelph, Ontario, N1H 6N1.

I/We hereby authorize MDM Insurance Services Inc. through The Bank of Nova Scotia to draw cheques on, or otherwise debit the account shown or subsequently named by me/us, for payment of my/our monthly premiums for our employee benefit plan.

Member Name \_\_\_\_\_ Division Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

I / We hereby authorize:

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

to pay as follows and debit my/our account number \_\_\_\_\_

1. All cheques payable to MDM Group Insurance Plan drawn on you by The Bank of Nova Scotia on behalf of MDM Insurance Services Inc.
2. Your treatment of each cheque shall be the same as if I/We have personally issued the cheque authorizing you to pay as indicated and to debit the amount specified from my/our account.
3. "Cheque" includes an order on a financial institution which is not a bank, a debit note or computer produced paper, tape or magnetic debit. "Bank" includes any credit union, caise populaire or trust company.
4. This authorization may be cancelled at any time upon written notice by me/us.
5. Any delivery of this authorization to you constitutes delivery by me/us.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature - as you sign your cheque)

**NOTE: TO ENSURE ACCURACY PLEASE  
ENCLOSE A SPECIMEN OF YOUR  
CHEQUE MARKED "VOID".**

\_\_\_\_\_  
(additional signature - if more than one signature  
is required on cheques issued against the  
account)