

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

To: PWI Insurance Services (Agency) Ltd.
490 Dutton Drive, Suite B6
WATERLOO ON N2L 6H7

From: _____
(Name of Company)

(Address)

This is your authorization to deduct our group insurance premiums from our bank account on the 15th day of each month. The amount to be deducted will be the amount indicated on the group insurance invoice for the premium due date of the 1st of that month.

We are attaching a photocopy of a cheque for the account from which the group insurance premiums are to be withdrawn.

Authorized Signature

Date

