

**FACILITY ASSOCIATION****PREMIUM PAYMENT  
AUTHORIZATION CARD****PLEASE PRINT**

Broker:

Policy  
Number

Payer (Surname first):

Insured  
Name:

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

BANK/FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

TRANSIT NO: \_\_\_\_\_

BANK: \_\_\_\_\_

PROVINCE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

- I/We hereby authorize the above named bank/financial institution to debit my/our account each month for all payments payable to **Facility Association c/o Royal & Sun Alliance Insurance Company of Canada** in payment of my/our **insurance premiums** which will be collected **monthly** in advance. The bank/financial institution's treatment of each payment will be the same as if I/We had personally issued a cheque authorizing them to pay at indicated and to debit the amount specified to my/our account.
  - Monthly payment amounts may vary.
  - Any delivery of this authorization to Facility Association c/o Royal & Sun Alliance constitutes delivery by mail.
  - This authorization may be cancelled at any time by written notice to the insured or Facility Association c/o Royal & Sun Alliance.
  - The payer will ensure that funds are available to cover the amount of withdrawal as specified to the insured by Facility Association c/o Royal & Sun Alliance.
- DATE: \_\_\_\_\_
- PAYER SIGNATURE(S): \_\_\_\_\_

*(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.)*