Manulife Financial

The Manufacturers Life Insurance Company
Personal Accident Department
2 Queen Street East, P.O. Box 4213, Stn A
Toronto, ON M5W 5M3
Toll Free Telephone: 1-888-477-5450
Fax: 416-603-7380 / Toll Free Fax: 1-800-521-2396

PAYMENT AUTHORIZATION PLAN

If you wish to pay monthly by pre-authorized debit, please complete Sections 1., 3. & 4. and attach a blank cheque marked "VOID".
If you wish to pay monthly by Credit Card, please complete Sections 2., 3. & 4.

Section 1. PRE-AUTHORIZED DEBIT INFORMATION

Please attach a blank cheque marked "VOID" or complete the bank information below.

Bank Information:

Name: _____

Address: _____

Account Number: _____ Branch: _____ Bank Number: _____

Payor Information:

Name: _____

Address: _____

Section 2. CREDIT CARD INFORMATION

☐ Visa or ☐ Mastercard

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

Section 3. AUTHORIZATION

Monthly Pre-authorized Debits or Credit Card billing will be processed on (or after) the following date:

☐ 1st or ☐ 15th day of each month or ☐ Other_____ (1st to 28th only)

I authorize Manulife Financial to withdraw premiums due from my bank or to charge my credit card from the account described above.

This Payment Authorization Plan may be terminated at any time by providing written notice to The Manufacturers Life Insurance Company. If a pre-authorized debit or credit card payment is returned, the Company is authorized to redeposit the debit or add the appropriate amount to the next debit. The Company will to the best of its ability, advise me in writing of the revised amount being debited or charged.

H.O. use only

_____ _____ _____

Payor Name (Please print) Authorized Payor Signature Date

Section 4. POLICIES TO BE INCLUDED ON THIS PAYMENT PLAN

Policy Number	Primary Insured	Monthly Amount