Manulife Financial

For your future

Please send the completed form to:

For Regular Mail:
Manulife Financial
P.O. Box 670
Stn Waterloo
Waterloo, ON N2J 4B8

For Courier:
Manulife Financial
500 King Street
Affinity Markets New Business
Delivery Station 500-GB
Waterloo, ON N2J 4C6

Fax: 1 800 521-2396

PAYMENT AUTHORIZATION PLAN

Select one method of payment.

☐ **Monthly:** ☐ Visa ☐ Mastercard ☐ American Express ☐ Pre-Authorized Debit (PAD)

Debits/Billing shall be drawn on the (day of the month): ☐ 1st ☐ 15th ☐ Other_____ (1st to 28th only)

☐ **Annual:** ☐ Visa ☐ Mastercard ☐ American Express ☐ Pre-Authorized Debit (PAD)

Credit Card Option Payment Information & Payment Authorization

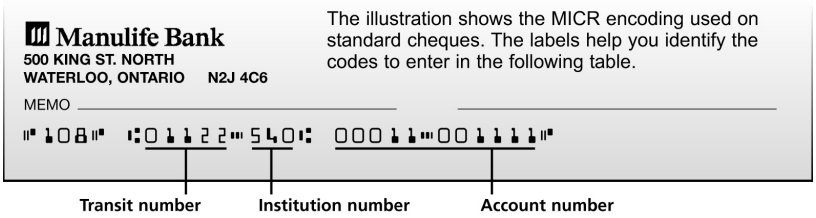
I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on the day selected above in which insurance premiums are due. This authorization may be terminated by either Manulife Financial or by me/us through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur.

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

Name of Cardholder_____ Signature of Cardholder _____

Second Signature if Joint Credit Card Account _____ Dated_____
(dd/mm/yyyy)

Pre-Authorized Debit (PAD) Payment Information & Payment Authorization



Transit Number _____ Institution Number _____ Bank Account Number _____

Financial Institution_____ Address _____
(street number and name) (city/town)

I/We authorize Manulife Financial to withdraw the initial premium and any future premiums monthly on the date noted above or the next business day thereafter, or on the date of draw required for annual payment basis, if selected, or the next business day thereafter. Withdrawals from my/our account may be for variable amounts and may change in accordance with the insurance contract or as required to administer the policy. **I/We waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly or annual withdrawal the first time it is presented for payment, Manulife Financial may attempt to withdraw that payment again within 30 days. Manulife Financial reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. I/We and/or Manulife Financial can end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife Financial receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

I/We may obtain a sample cancellation form by contacting your financial institution or through *www.cdnpay.ca*. For any questions about withdrawals from the bank account, I/we can contact 1-888-477-5450, am_service@manulife.com or write to Manulife Financial, PO Box 670, Stn Waterloo, Waterloo, Ontario N2J 4B8.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on recourse rights, I/we can contact the financial institution or visit *www.cdnpay.ca*.

Name of Account Holder _____ Signature of Account Holder_____

Second Signature if Joint Account_____ Dated_____
(dd/mm/yyyy)

Account Holder Address _____

POLICIES TO BE INCLUDED ON THIS PAYMENT PLAN

Policy Number	Primary Insured	Monthly Amount