

Use Pre-Authorized Payments (PAP) to make withdrawals from your bank account for the payment of your insurance premiums.

PAP eliminates the need for you to write cheques for your insurance premiums. Instead, payments can be made automatically through your bank or financial institution account.

ECONOMICAL

One authorization is all that is required for the payments to be made automatically through your bank or financial institution. This means reduced postage costs for you.

PAYMENT DATE

Payments will be deducted from your account on the same day each month.

PROOF OF PAYMENT

Your payments are recorded automatically and itemized on your monthly bank statement or pass book.

COMPLETE THE AUTHORIZATION FORM

Complete the authorization form and include one of your personal cheques marked "VOID". If you do not have a cheque, please provide an authorization form from your financial institution and include it with this form.

Please send all forms to payments@scrivens.ca or:
Scrivens Insurance and Investment Solutions
270 MacLaren Street
Ottawa, ON K2P 0M3
Tel: 613-236-9101 | Toll-free: 1-877-274-8367
Website: www.scrivens.ca

NAME		UNIT NO. AT THEO
ADDRESS		CITY
PROVINCE	POSTAL CODE	PHONE NUMBER
EMAIL		

Enter your personal banking information in the next three fields. Please use the sample cheque number pattern as a guide to completing this section.

Sample cheque number pattern:

090 (Cheque #)	90999 (Transit #)	099 (Bank code #)	0090099 (Account #)
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NOTE cheque number is not required

I have enclosed a MANDATORY "VOID" cheque or an authorization form from my financial institution.

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Transit # (5 digits)

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Bank code #
(3 digits)

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Account # (maximum 12 digits)

Note: Line of credit cheques or US accounts can NOT be accepted.

SIGNATURE

DATE

I authorize W.H. Scrivens & Son Limited to debit my account indicated above each month for all payments payable to the insurance trust fund. The Pre-Authorized Payment Plan may be terminated by either W.H. Scrivens & Son Limited or by me through written notice. Any outstanding payments must be made in full.

I authorize W.H. Scrivens & Son Limited ("Scrivens") to collect, use, maintain, and disclose my personal information with the following persons, organizations or parties: THEO; companies affiliated with Scrivens; financial institutions; government agencies; insurance companies and their re-insurers and/or service providers; and the Scrivens administrator for the purpose of plan administration, audit, assessment, investigation, claim management, underwriting, and for determining eligibility. When providing personal information on the behalf of another individual, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct, and complete to the best of my knowledge.

Protecting your personal information: W.H. Scrivens & Son Limited recognized and respects every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. We use the information to administer the insurance as necessary. Your information is kept in a secure environment. We limit access to any party normally recognized by law and accepted privacy guidelines (ie. PIPEDA; the courts; somebody you authorize; etc).