

PROPAC PROGRAM

PRE-AUTHORIZED CHEQUING - PAYMENT FORM

Name:
Address:
City, Province:
Postal Code:

BANK OR FINANCIAL INSTITUTION

Bank or Financial Institution:
Branch Address:
City, Province:

I/We authorize the above bank or financial institution to honour all debits involving monthly insurance premiums issued by Simmlands Insurance Brokers Limited against the account.

Signature(s) as required on cheque

Date

** Please return this form to Simmlands Insurance Brokers Ltd.
at 480 University Ave., Suite 1100, Toronto, ON. M5G 1V2*

ATTACH YOUR SAMPLE CHEQUE MARKED "VOID" HERE

