

Change in Banking Information Form

1. Please complete and sign this form to authorize your change
2. Keep a copy for your records
3. Attach a cheque marked VOID and mail to Trafalgar Insurance at:
 Billing & Accounts Receivable Department
 700 University Avenue, Suite 1500,
 Toronto, Ontario M5G 0A1
 OR Fax us at: 416 440 8530, indicating your company (Trafalgar Insurance) and province you reside in.

Policy Number			Your Insurance Broker		
Last Name			First Name		
Company Name (If the insured is a business)					
Alternate Withdrawal Date (If different from policy effective date)					
Name of Financial Institution					
Branch Transit Number		Bank Number		Account Number	

Changes to bank account information require 14 days' advance notice.

Signature

Date