

NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

Policy Number _____

**The Nordic Insurance Company of Canada
Monthly Payment Plan**

Insured's Name(s) _____

Name of Bank Account Holder (if different) _____

I/We hereby authorize _____ to debit my/our

Bank or financial institution

account number _____ each month for all payments due to The Nordic Insurance

Company of Canada for the collection of my/our insurance premiums.

I have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Date _____

Insured's Signature _____

Attach this to a void cheque from the account to be debited.

Insured's Signature _____

This authorization may be cancelled at any time upon written notice by account holder(s).

Account Holder's Signature _____

All holders of a joint account must sign