



Pre-Authorized Debit (PAD) Change Form Payor's Authorization

1. **Payor Information:** Name: _____
Address: _____

2. **Policy Holder Information:** Name: _____
Address: _____

Policy/Certificate Number(s) for which premiums are to be deducted under this agreement:

3. **Acknowledgement/Authorization** I/We authorize Manulife Financial to make automatic monthly withdrawals from my/our bank account for insurance premiums due on or after the date I/We sign this authorization. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the bank or financial institution does not honour an automatic premium 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 for an alternative method of payment if 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. I/We or Manulife Financial may end this agreement at any time by giving 10 days' written notice. I/We understand that canceling this PAD agreement may result in 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.

You may obtain a sample cancellation form by contacting your financial institution or through www.cdnpay.ca. If you have any questions about withdrawals from your bank account, contact us at 1-800-668-0195 or write to us at Manulife Financial, P. O. Box 4213, Station A, Toronto, Ontario, M5W 5M3.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

4. **Banking Information:**

Please attach a specimen cheque marked void (Note: Some institutions do not allow pre-authorized payments from a line of credit or savings account, so please check with your financial institution.)

Name of Bank or Financial Institution / Transit Number / Bank Number / Account Number
_____/_____/_____/_____

Address _____

City _____ Province _____ Postal Code _____
_____/_____/_____/_____/_____/_____

Dated at _____ this _____ day of _____ year _____

Print Name of Payor (Account Holder) _____ Print Name of Second Payor (Account Holder) if any _____

Signature of Payor (Account Holder) _____ Signature of Second Payor (Account Holder) if any _____

Mail to: **Manulife Financial** or **Fax to: 1-800-510-3362**
Attention: Policy Service
P. O. Box 4213, Stn A
Toronto, ON, M5W 5M3