
RAVENHILL AGENCIES LTD

GENERAL INSURANCE
www.ravenhillagencies.com

PAC Consumer Authorization

I/We _____ hereby request that _____
Insurance Company, finance MY / OUR premium for insurance arranged through
_____ Insurance.

The monthly payment will be drawn from my/our account in one month from the effective date of the policy and in each subsequent month (this includes the next renewal premium) until this agreement or the policy is cancelled.

BANKING INFORMATION

Bank / Financial Institution _____
Branch Address _____
City / Town _____ Province _____ Postal Code _____
Account No _____ Branch _____ Transit _____

ATTACH VOID CHEQUE HERE

Monthly Withdrawal Date _____

I understand that the estimated premium may be amended to the insurer's manual premium for the risk

I hereby give _____ the irrevocable authority to cancel the policy at any time that an outstanding premium is unpaid or if any payment is not honored by my/our financial

In the event of a reinstatement request, a NSF fee will be required. The Company will retain the right to refuse any contract which has been terminated.

Signature (as it appears on cheques) **X** _____

Date _____



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