

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

**Westco Premium Credit Corp.**  
**400 – 850 West Hastings Street**  
**Vancouver, BC V6C 1E1**  
**Phone: 604-563-1161**  
**Email: [financing@westcocredit.com](mailto:financing@westcocredit.com)**

**Insured (Borrower)**

**Bank Account Information:** (Attach a void cheque from the account to be debited.)

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Pre-Authorized Debit (PAD) Details:**

I/We authorize Westco Premium Credit Corp., hereinafter Westco, and the financial institution designated (or any other financial institutions I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Premium Financing Agreement(s). Regular monthly payments for the full term of the Premium Finance Agreement(s) will be debited to my/our specified account on the 1<sup>st</sup> day of each month for the duration of the agreement. Westco will provide a Payment Due Date in accordance with the Payment Schedule to the Premium Finance Agreement.

Type of Service: Personal  Business

This authority is to remain in effect until Westco has received a written confirmation from me/us of its change or termination. This notification must be received at least ten (10) days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form or more information about my/our cancellation rights from my/our bank or from the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Waiver of Pre-Notification:**

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: (please print) \_\_\_\_\_

**Electronic Downpayment Authorization**

I hereby Authorize Westco to electronically withdraw the downpayment as indicated on page 1 of the Premium Finance Agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_