

# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT WESTCO PREMIUM CREDIT CORP.

800 West Pender St., Suite 615, Vancouver, BC V6C 2V6  
Phone: 604-563-1161 Email: 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, 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 Finance Contract(s). Regular monthly payments for the full term of the Premium Finance Contract(s) will be debited to my/our specified account on the specified 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 Contract.

**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.

**Electronic Downpayment Authorization**

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

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

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