

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

422 Richards St., Suite 170, Vancouver, BC V6B 2Z4
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): _____
