

# Pre-Authorization Chequing

# WestGUARD

## Firm Information

Name			
Address	City	Province	Postal Code

The bank specified below is authorized and requested to debit my account in accordance with this agreement for all premiums payable to Western Financial Group Insurance Solutions for my/our Insurance costs.

## Bank or Financial Institution Information

Name of Bank or Financial Institution			
Branch Address	City	Province	Postal Code

- Your treatment of each cheque or debit shall be the same as if I/we had personally issued a cheque.
- Delivery of this authorization to you constitutes delivery by me/us.
- This authorization can be cancelled by me/us at any time upon written notice.
- I/We will ensure that funds are available to cover the amount of withdrawal, as notified to me/us by Western Financial Group Insurance Solutions.
- \$10.00 service fee will be charged to each (P.A.C) returned for non-sufficient funds (NSF).

Please attach a void cheque and complete the following information which is found on the bottom of your cheque as per the sample below. This information is required to ensure funds are withdrawn from the correct account.

(1) Transit Number (5 Digits)	(2) Bank Number (3 Digits)	(3) Account Number (Various)
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### Sample

Name	_____ 20 _____	
Address	_____	
Pay to	_____ \$ _____	
	_____ /100 Dollars	
Bank/Credit Union	_____	
(1) 09267:	(2) 002:	(3) 638:194:02
(Transit)	(Bank)	(Account Number)

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act ([www.privcom.gc.ca](http://www.privcom.gc.ca)). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: [www.westernfgis.ca](http://www.westernfgis.ca)

Signature	Date Signed (yy/mm/dd)
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**Complete and send to:**  
WestGUARD, Western Financial Group Insurance Solutions  
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5  
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.  
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