

Pre-Authorized Payment Plan Form

Please complete and return to:

HDF INSURANCE & FINANCIAL GROUP
MN FLR, 10109 – 106 STREET
EDMONTON, AB T5J 3L7

Member Name _____

Address _____

Street & Number _____

City _____

Postal Code _____

Bank Account Number _____

Transit # _____

Bank Code _____

Account # _____

I/we hereby authorize the above-mentioned financial institution to debit my/our account indicated above each month for all payments payable to LMS PROLINK Ltd/LMS.

Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account.

I/we are responsible for maintaining adequate funds and access to this account by LMS solely for purposes of paying the monthly premium of the Association Benefits Program through PROLINK GROUP SERVICES.

This authorization may be cancelled at any time upon written notice by me/us.

Delivery of this authorization to LMS shall constitute delivery to my/our financial institution.

Signature

Signature (if required for joint account)

Date

For verification purposes,
please also enclose an unsigned cheque marked "VOID"



hdf
INSURANCE