



CHEQUING AUTHORIZATION FORM

Customer Information

Policy Number/Application Number: _____

Insured's First Name: _____

Insured's Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Banking Information

I/We hereby authorize: _____
Bank/Trust Company/Credit Union

Branch Address: _____

Account Number: _____

To debit my/our account monthly for all payments to **Allstate Insurance Company of Canada** in payment of my/our insurance premiums.

The amount of \$_____ may be withdrawn on my/our account. This amount may be increased/decreased at a future date as agreed to by my/our signing of this authorization form. Allstate will, to the best of their ability, advise me/us in writing of the revised amount in advance of the withdrawal date.

Any delivery of the authorization to you constitutes delivery by me/us.

This authorization may be cancelled at any time upon written notice by me/us or Allstate Insurance Company of Canada.

I/we will ensure that funds are available on the designated date of each month to cover the amount of the debit, as notified to me/us by the company. If funds are not available a \$50 NSF charge will apply.

I/we will inform Allstate of any change in the account information prior to the next due date of the pre-authorized debit and I/we warrant that all persons whose signatures are required to sign on this account have signed this authorization form.

Signature(s)

Date

