

# PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM

This form can be used to start PAD or change banking information on Life and Health Policies.

To start or change PAD instructions on an Investment policy/contract, use the appropriate INP-125 Investment Change form.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

**1. Please select from the following:**    **New authorization**    **Change PAD instructions**

Policy number	First name of Insured	Last name	PAD amount	Amount to premium	Amount to loan*
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

To list additional policies, please attach a separate sheet with the details above which will form part of this form.

\*This option is not applicable to Trilogy® policies.

**Note: All outstanding premiums will be drawn immediately upon completion of this request for the policies noted on this form.**

**2. PAD details – ATTACH A VOID CHEQUE or a pre-authorized transaction form (pre-printed) from your financial institution**

**Monthly withdrawal date\*** (1st to 28th) \_\_\_\_\_ If no date is indicated, the issue date of the policy will be used.

\*The withdrawal from your bank account may occur up to two business days after this date. For Trilogy policies, the withdrawal date cannot be after the issue date of the Policy (e.g. Policy issued on the 15th of the month, the PAD draw date must be the 15th or earlier).

Payor first name	Last name	Date of birth
		d   d   -   m   m   m   -   y   y   y   y

Address (number, street) (If using a PO Box, also provide your physical address)

City	Province	Postal code

Occupation

Type of business	Relationship to Owner

Jurisdiction of registration for entities (i.e. country, province, territory)	Incorporation number

\*If the payor is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.

