Pre-Authorized Debit Agreement
Credit Card
Westland Insurance Group Ltd.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Westland Insurance Group Ltd., and the financial institution designated (or any other financial institution 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 Westland Insurance Group Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the _____ day of each month. Westland Insurance Group Ltd. will provide 10 days written notice of the amount of each regular debit. Westland Insurance Group Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Westland Insurance Group Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

Westland Insurance Group Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT **DATE:** _____

Name(s): _____ Type of Service: Personal _____ Business _____

Westland Insurance Group Ltd. Account Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number:(Bus.) _____ (Res.) _____

Credit Card Type: Visa _____ Mastercard _____

Credit Card Account Number: _____ Expiry Date: _____

Signature(s) _____

_____

Westland Insurance Group Ltd.
Attention: Accounts Receivable
300 - 5455- 152 Street
Surrey, BC V3S 5A5
Tel: (604) 543-7788
Fax: (604) 543-8822
E-mail: ar@westland-insurance.com