



## AUTHORIZATION FORM

I/we hereby authorize York Fire & Casualty Insurance Company to withdraw funds from the account stated below for the payment of my/our insurance policy. It is understood that this authorization allows York Fire & Casualty Insurance Company to re-assess the monthly installments to reflect any premium changes and policy renewals.

Name(s) \_\_\_\_\_

Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Branch Address \_\_\_\_\_

Type of Account  Chequing/Savings  Chequing

I/we authorize the above bank, or any other financial institution that I/we identify, to withdraw funds from my/our account payable to York Fire & Casualty Insurance Company.

Date \_\_\_\_\_

Signatures \_\_\_\_\_

(as required on cheque)

**TO ENSURE ACCURACY, PLEASE ENCLOSE A SAMPLE OF YOUR CHEQUE MARKED "VOID".**

\*Monthly withdrawal dates will be based on the policy inception date.