



PAYMENT OPTION FORM

Please select Option 1 or 2, complete Payor Information carefully read the authorization, sign and date the bottom of this page.

GROUP NAME: BILLING DIVISION:

No matter which payment option is selected, an initial premium cheque is required to accompany all new group applications.

OPTION 1 - PRE-AUTHORIZED PAYMENT PLAN - ATTACH SAMPLE CHEQUE MARKED 'VOID'

Name of Bank Account Holder Type of Service: Personal Business

OPTION 2 - CREDIT CARD

Card Type: MASTERCARD VISA Card Number: Expiry Date: MM/YY Name, as it appears on the Credit Card:

Payor Information

Bank Account Holder/Credit Cardholder Address: City/Town, Province Postal Code Telephone Number

Authorization and Signature

Option 1: Western Life Assurance Company is requested and authorized to draw cheques under its Pre-Authorized Payment Plan... Option 2: Western Life Assurance Company is requested and authorized to charge the Credit Card.

Regular recurring payments arising under our Group Insurance account(s) for the full amount billed, will be debited to the specified account on the 8th of the month or charged to the specified credit card on the 1st day of each month.

In the event of an unsuccessful payment, a \$ 35.00 fee will apply. I agree that this authorization in no way affects the terms or conditions of the policy.

The authorization shall continue in force so long as said group coverage shall qualify for premium payments under this plan or until this authorization is revoked.

Signature of Bank Account Holder/ Credit Cardholder Dated: MM/DD/YYYY