

# Pre-Authorized Debit (PAD) or Credit Card Agreement Cancellation Request



## Payor Contact Information

Payor Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Option 1

I/We, the undersigned, hereby cancel my/our authorization to issue pre-authorized debits in the amount of \$ \_\_\_\_\_

against my/our account number \_\_\_\_\_ at (Financial Institution) \_\_\_\_\_

effective on (Effective Date) \_\_\_\_\_ for the policies listed below. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with The Wawanesa Life Insurance Company.

## Option 2

I/We, the undersigned, hereby cancel my/our authorization to issue credit card payments in the amount of \$ \_\_\_\_\_

effective on (Effective Date) \_\_\_\_\_ for the policies listed below. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with The Wawanesa Life Insurance Company.

Policy Number	Policy Owner Name	Insured Name

**Note:** Cancellation requests received within 10 days of the next withdrawal date may not be processed in time to stop that withdrawal. The cancellation is effective on the date the form is received by Wawanesa Life and any subsequent withdrawals will be refunded.

---

## Notice of Consent & Disclosure Regarding Personal Information

You have previously provided consent (express or implied) to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: making payments on account of insurance premiums, investment contributions, policy loan repayments and mortgage payments; depositing funds into your account; establishing and maintaining communications with you; detecting and preventing fraud; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 236 Carlton Street, Winnipeg, MB R3C 1P5 or at [www.wawanesalife.com](http://www.wawanesalife.com).

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 236 Carlton Street, Winnipeg, MB R3C 1P5.

---

## Signatures

A photocopy or an electronic reproduction of this document will be as valid as the original.

Date: \_\_\_\_\_ Payor/Valid Signing Authority(ies): \_\_\_\_\_

### Please return form to Wawanesa Life via email, fax or mail:

**Email:** [lifeservices@wawanesa.com](mailto:lifeservices@wawanesa.com)

**Fax:** 1-888-985-3872

**Mail:** 236 Carlton Street, Winnipeg, MB R3C 1P5

[wawanesalife.com](http://wawanesalife.com)