



Automatic Bank Debit Request Form

Monthly payments can be made by automatic bank debit. If you would like your premium automatically withdrawn from your account, please complete and return this form to your ENCON Client Service Representative.

Payments will commence on the first of the month following receipt of the completed authorization. Withdrawals from your account will occur on the first banking day of each month.

Section 1 Client Information

Please print clearly

Name of Employer

Client No.

Employer's Address

Please attach here

A sample VOID cheque must be attached in order to process your request

Section 2 Authorization

We authorize the financial institution to honour all debits issued by ENCON against this account.

Name of Depositor(s)

Signature of Depositor(s)

Date (yyyy/mm/dd)

Please sign here