

## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

## enVia Benefits Program Invoice Payment

## **Privacy Statement**

MDM Insurance Services Inc. ("MDM") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Complete (or attach a blank cheque marked "VOID") and return this form to authorize Electronic Funds Transfer (EFT) payment and/or e-mail notification of your invoices.

Name:		Policy Number:
Name of Financial Institution:		
Transit #: Account #: Account #:		
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Transit # Institution # Account #		
Payment Method and Notification Options		
✓ Monthly Invoicing with EFT withdrawal		
Receive an e-mail with your invoice included as a password-protected file attachment.		
E-mail Address (please print clearly):		
Password (must be at least 6 characters):		
Please return this form to: MDM Insurance Services Inc., P.O. Box 970, Guelph, ON, N1H 6N1 or fax it to: 519-836-4909		
I/We hereby authorize MDM Insurance Services Inc. (MDM) through The Bank of Nova Scotia to collect payment of monthly or other periodic billings for services supplied by MDM, by means of Electronic Funds Transfer (EFTs) drawn against my/our account at the financial institution shown on the Authorization form. I/We hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of EFTs drawn against my/our account at my/our Financial Institution. I/We will notify MDM Insurance Services Inc. in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date. I/We understand that termination of this authorization does not affect my/our obligation to pay funds owing for claim payments, administrative expenses, and applicable taxes.		
Authorized Signature	Date	