



Chambers of Commerce
Group Insurance Plan®

REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

I/We hereby authorize the "Chambers of Commerce Group Insurance Plan" through THE TORONTO DOMINION BANK to arrange automatic deductions from the following account on the 1st 2nd 3rd 4th 5th day of the month (please circle one).

Firm Name _____ Firm Number _____

Date _____ Signature _____

The account you choose MUST HAVE CHEQUING PRIVILEGES. You can cancel this authorization at any time by writing to the Plan Administrator.

***PLEASE INCLUDE A SAMPLE CHEQUE (ORIGINAL OR COPY MARKED VOID)
TO ENCODE YOUR NEW INFORMATION.***

Chambers of Commerce Group Insurance Plan
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