

APPLICANT SECTION

COMPANY NAME	POLICY START DATE OFFICE USE ONLY
EMPLOYEE'S NAME	DATE OF BIRTH DD / MM / YYYY
ADDRESS	CITY
PROVINCE	POSTAL CODE

PAYMENT

\$6.95 PER MONTH

BANKING DATA

Branch No. (5 figures)	Institution (3 figures)	Account No. (12 figures)
Name as shown on bank records		
<p>CustomCare Inc. is authorized to draw a cheque for monthly recurring payments in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.</p>		
Signature (as shown on bank records)		Other signature (joint account)

This information will not be shared with anyone outside of CustomCare Inc. and will only be used for processing as per your instructions.



PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION

To discontinue your coverage under this plan, we require 10 days written notice prior to the start of the month you wish to terminate the policy in.

CustomCare Inc.

340 - 50 Avenue SE
Calgary, Alberta T2G 2B1

Ph. 403-640-6620 or 1-866-820-2188

Fax 403-252-3020

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