



Wawanesa
Earning Your Trust Since 1896

The **MAC** Plan

Monthly Automatic Chequing

auto



home



business



farm

Wawanesa Insurance A Great Canadian Success Story

Wawanesa Insurance was founded in 1896 in the Village of Wawanesa, Manitoba. We have eight branch offices across Canada and an office in the United States. With over \$5 billion in assets, 1.8 million policies in force and 2,000 employees, Wawanesa is one of the largest property and casualty insurers in Canada. In fact, the most respected insurance rating agency, A.M. Best, has consistently awarded Wawanesa an A+ (Superior) rating based on financial strength and stability.

Wawanesa is successful because we pride ourselves on claims service. Once policyholders have experienced a claim with Wawanesa, they are customers for life.

Wawanesa proudly partners with over 1,300 Insurance Brokers across Canada. On behalf of our Brokers, we thank you for buying Canadian.



Wawanesa
Insurance
Earning Your Trust Since 1896

With the compliments of your Insurance Broker



This is a general description. Actual policy conditions govern.
www.wawanesa.com



MAC Authorization Form

OFFICE USE ONLY

MAC #

Business Policy Personal Policy Change to Bank Information C.O.D.

Policy #

Name

Withdrawal Date (select days 1-28)

Address

(Street)

(Town/City)

(Province)

(Postal Code)

Name of Bank/Financial Institution _____ Account # _____

If NSF situations occur in any policy term, I/we risk cancellation of all my/our Wawanesa policies that are on the **MAC** Plan. NSF fees will be charged for insufficient funds.

Please list policy numbers on the **MAC** Plan

I/We authorize my/our broker and insurance company to collect, use and disclose any of the personal information contained herein subject to the law and to my/our broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct payments for my/our insurance premium.

Signature _____

Date Signed

For a joint account, all required signing officers must sign.

(Month) (Day)

(Year)

Signature of Joint Account Holder if applicable

Date Signed