

RBC ROYAL BANK LIABILITY WAIVER INSURANCE

Sample Letter 1 (Terminated and Non Terminated Employees) Request to Cancel Card

Date _____

Name _____
Company _____
Address _____
City, Province _____
Postal Code _____

Royal Bank _____
Address _____
City, Province _____
Postal Code _____

Re: Request for Cancellation of Royal Bank Card

To (Name of Financial Institution) Representative: _____

Our employee gave notice and/or received written notice of termination and/or left the Eligible Company's service. (In the case of a Cardholder who is a member of a bargaining unit, a grievance has been placed with the labour arbitrator recommending that the Cardholder's employment be terminated.) We request that this Card be cancelled immediately.

Card Number _____ Employment Termination Date _____

Cardholder's Name _____ Home Telephone Number _____

Home Address _____

Business Address _____

Business Telephone Number _____

We understand that in order to request that Unauthorized Charges be waived on the above card number, we must file an Affidavit of Waiver as described in the Liability Waiver Insurance Certificate within 30 days of the Date of Notification of Employee Termination (as defined in the Policy).

Please be advised that:

Charges (*Check One*):

- ☐ The Eligible Company was billed for Unauthorized Charges made by the Cardholder.
- ☐ Where statements were sent directly to the Cardholder, the Cardholder has been contacted in writing and directed to immediately discontinue all use of the Card and pay all outstanding Charges. A copy of the letter sent to the Cardholder is attached.

Retrieval of Card (*Check One*):

- ☐ Our Company has retrieved the Card, which is enclosed.
- ☐ Our Company has retrieved the Card, which is in our possession.
- ☐ The Cardholder is still in possession of the Card but has been contacted in writing and directed to discontinue all use of the Card and to return the Card. A copy of the letter sent to the Cardholder is attached.

If you need further information, I can be reached at _____

Telephone Number/Fax Number

Yours truly,

Signature

Title (*Must be Corporate Officer*)

Note: This letter must be forwarded to your financial institution within 2 business days of the Date of Notification of Employment Termination.

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Sample Letter 2 (Terminated and Non Terminated Employees) Written Notification to Employee of Card Cancellation

Date

Name
Company
Address
City, Province
Postal Code

Employee Name
Home Address
City, Province
Postal Code

Dear (Employee Name):

Please be advised that we have cancelled your Card (account number: _____), and that your rights to use the Card ended when you ceased to be an employee of our Company. Please discontinue immediately all use of the Card and return it to us if you have not already done so.

If you were billed directly by Royal Bank, you must immediately pay any outstanding charges that you owe on the Card.

Thank you for your co-operation in this matter.

Yours truly,

Authorized Signature

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Sample Letter 3 (Terminated and Non Terminated Employees)

Affidavit of Waiver

Date _____

Name _____
Company _____
Address _____
City, Province _____
Postal Code _____

Royal Bank _____
Address _____
City, Province _____
Postal Code _____

Re: Request for Waiver of Charges under Policy _____
Account Number _____
Cardholder's Name _____
Claim Number _____
as assigned by the insurer

To (Name of Financial Institution) Representative:

I wish to certify that the above named Cardholder with an Employment Termination Date of _____ according to the terms of the above Policy has used his/her Card to make Unauthorized Charges, totalling \$ _____.

Attached you will find a list of the Charges that we have discovered to date. *(Provide copies of the Cardholder's statements and indicate which charges were Unauthorized Charges.)*

We would like to request a waiver of these Unauthorized Charges under the terms and conditions of the policy number listed above.

Yours truly,

Signature

Title

Witness Signature

(Must be Corporate Officer)

Witness Title

(Must be Corporate Officer)

Note: This letter must be forwarded to your financial institution within 30 days of the Date of Notification of Employment Termination.