



103 Queen Street West, Brampton ON L6Y 1M3  
1-800-268-3069 or 905-451-2386

# PAYMENT PLAN AUTHORIZATION FORM

New Request       Change of Information

<b>Insured's Full Name &amp; Postal Address:</b>	<b>Broker/Agent Information:</b>
<b>Telephone Number:</b>	
<b>Policy Number:</b>	

Our goal at Peel Mutual Insurance is to make it as easy as possible for you to pay your insurance premium. Please select from the following choices:

<input type="checkbox"/> Credit Card (CC)	<input type="checkbox"/> Full Pay	100% due upon processing
	<input type="checkbox"/> Monthly	Automatic Monthly charges to your credit card.
<input type="checkbox"/> Pre-Authorized Chequing (PAC)	<input type="checkbox"/> Full Pay	100% due upon processing
	<input type="checkbox"/> Monthly	Automatic Monthly withdrawals from bank account

Please note, for new business, the first 2 months' payments will be incorporated in the first withdrawal or credit card charge.

**If paying by Credit Card, please complete:**       Visa       Mastercard

Credit Card Number: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**If paying by automatic bank withdrawal, please complete below and attach a sample cheque, marked VOID.**  
**Please write the policy number on the front of your cheque.**

Payor (Surname first): \_\_\_\_\_

**NOTE: ONLY ACCOUNTS WITH CHEQUING PRIVILEGES ARE ELIGIBLE.**

**PREFERRED WITHDRAWAL DATE (OPTIONAL)** \_\_\_\_\_

**FINANCIAL INSTITUTION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY / TOWN** \_\_\_\_\_ **PROV.** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**TRANSIT NO.** \_\_\_\_\_ **BANK NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

**Consent & Disclosure**

My/Our Signature confirms that:

- I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from the specified financial institution or credit card.
- I/We hereby authorize the named financial institution above to debit my/our account for all payments payable to Peel Mutual Insurance Company.
- I/We understand that this authorization may be cancelled by me/us upon written notice, subject to a period which shall not exceed 30 days. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement at my/our financial institution or by visiting [www.cdnipay.ca](http://www.cdnipay.ca).
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the authorization below.
- If there is a change in premium(s) due to a change in coverage or upon renewal, I/We understand the amount of the monthly withdrawal will automatically be changed and I/we agree to waive any pre-notification requirements of the change in amount.
- I/We will ensure that funds are available on each due date and understand that an unsuccessful withdrawal may result in one or all of the following:
  - A transaction fee
  - A second attempt to withdraw the funds
  - A second withdrawal notice
  - Cancellation of my/our policy
- I/we have received a copy of this authorization and have read and understand these terms and conditions.
- I/We acknowledge this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H1 of the Canadian Payments Assoc: pre-authorized debits
- For pre-authorized debits, I/we shall receive, with respect to the debiting of fixed-amount payments, written notice from the Insurer, the amount to be debited and the due date(s) debiting, at least 10 calendar days prior to the date of the first payment. I/We agree to waive such notice should there be a change in the amount of payment as a result of change(s) requested by me/us.
- The account that my/our financial institution is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization.
- I/We undertake to inform Peel Mutual Insurance Company, in writing, of any change in the account information provided in this authorization prior to the next payment due date.
- I/We acknowledge that Peel Mutual Insurance Company is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca)
- I/We authorize Peel Mutual Insurance Company to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. I/We authorize Peel Mutual Insurance Company to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted above.
- I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of my/our insurance premiums, in which case I/we must make other arrangements for payment of my/our insurance premiums.

For all new business applications submitted by mail, please attach this form. For all electronic submissions, downpayment for Automatic Monthly Withdrawal plan is incorporated in the first withdrawal and the agent/broker shall retain in their files a void cheque and this completed and signed form.

**DATE:** \_\_\_\_\_ **PAYOR'S SIGNATURE:** \_\_\_\_\_

\*\*\* Please do not email this information as email is not a secure method of communication \*\*\*