



Stability. Security. Close to home.

PAYMENT PLAN AUTHORIZATION FORM

Input boxes for New Request and Change of Information

Table with 2 columns: Insured's Full Name & Address, Agent/Broker Information, Policy Number, Telephone Number, Policy Start Date

Town & Country Mutual Insurance Company's goal is to make it as easy as possible for you to pay your insurance premium. Please pick the payment option that's right for you:

If paying by Credit Card, please complete:

- ONE PAY, 3 PAY, QUARTERLY, MONTHLY options with descriptions and input fields

Credit Card Information & Authorization:

Input fields for Visa/Mastercard, Credit Card #, Expiry Date

Cardholder's Name and Cardholder's Signature lines

If paying by Pre-Authorized Chequing, please complete:

*** Attach a sample cheque, marked VOID ***

- QUARTERLY, MONTHLY options with descriptions

Account Holder's Name and Withdrawal Date input fields

Financial Institution input field

Transit #, Bank #, Account # input fields

If paying by On-Line Banking (Internet Banking),

Your Account number is your 8 digit policy number, which can be found on the top right hand corner of your policy. The format is as follows: 12345A01.

Financing charges of 1% apply to all premiums processed on automatic monthly and quarterly plans. A fee of \$30 will be charged on all NSF payments or Declined credit card payments. A 2nd automatic bank withdrawal is attempted within 7 days of the withdrawal date for NSF's.

Consent & Disclosure

I/we authorize Town & Country Mutual Insurance Company and the financial institution designated (or any other financial institution I/we my authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of insurance premium.

The payment amount may vary from month to month and will be according to the Amount Due on the most recent Billing Statement. Pre-notification of amount changes will be disclosed in a revised Billing Statement at least 10 business days prior to the next scheduled Payment date.

This authority is to remain in effect until Town & Country Mutual Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next withdrawal is scheduled at the address provided above.

Town & Country Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without giving at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD agreement.

AUTHORIZED SIGNATURE: _____ DATE: _____