



Stability. Security. Close to home.

## PAYMENT PLAN AUTHORIZATION FORM

New Request     Change of Information

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

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** → 100% due on policy date \$ \_\_\_\_\_
- 3 PAY** → No financing charges, 3 equal payments taken consecutively on the 1<sup>st</sup> or 15<sup>th</sup>, closest date after policy start
- QUARTERLY** → Farm policies only, 4 equal payments every 3 months taken on the 1<sup>st</sup> or 15<sup>th</sup>, closest date after policy start
- MONTHLY** → 12 monthly charges to your credit card, choose  1<sup>st</sup> or  15<sup>th</sup> of the month  
→ A down payment of 2 months premium & fee will be processed immediately \$ \_\_\_\_\_ for new clients

***Credit Card Information & Authorization:***

Visa     Mastercard    Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_ (mm/yy)

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

***If paying by Pre-Authorized Chequing, please complete:***

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

- QUARTERLY** → Farm policies only, 4 equal payments taken every 3 months
- MONTHLY** → 12 monthly withdrawals from your bank account  
→ A down payment of 2 months premium & fee is required from all new clients

Account Holder's Name: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_ of the month

Financial Institution: \_\_\_\_\_

Transit # \_\_\_\_\_ Bank # \_\_\_\_\_ Account # \_\_\_\_\_

***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 2<sup>nd</sup> 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. Town & Country Mutual Insurance Company will provide 10 days written notice of the amount of each regular withdrawal. Town & Country Mutual Insurance Company will obtain my/our authorization for any other one-time or sporadic debits. All amounts debited will be in Canadian funds.

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. See above for additional fees that may be applied.

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. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca).

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. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_