

PAYMENT AUTHORIZATION FORM

FORWARD THIS FROM TO:(name of the person you are sending this form to)				
INSURANCE COMPANY			POLICY NUMBER	
ECHELON GENERAL INSURANCE COMPANY				
INSURED'S FULL NAME AND POSTAL ADDRESS			BROKER'S FULL NAME AND POSTAL ADDRESS	
CREDIT CARD INFORMATION (Use for payment in full or downpayment only)				
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD		
CARD NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X	INITIAL	
EXPIRY DATE:	(MM - YYYY)			
AMOUNT:	\$			
I / We understand that in the following circumstances a \$50 service fee will be applied if: - Funds are insufficient / or if account is not authorized for the above amount - Chequing information is incorrect				
CARDHOLDER'S SIGNATURE			NAME AS SHOWN ON CREDIT CARD	
X				
DIRECT DEBIT INFORMATION (Use for Monthly Payment Plan Only)				
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 my / our bank account. I / We hereby authorize the named financial institution listed below to debit my / our account for all payments payable to Echelon General Insurance Company in payment of the insurance premiums and any applicable charges and taxes. I/We understand that this authorization may be cancelled by me / us upon written request. I / We understand that in the following circumstances a \$50 service fee will be applied if: - Funds are insufficient / or if account is not authorized for the above amount - Chequing information is incorrect				
ACCOUNT INFORMATION (Account must provide chequing privileges)	TRANSIT	BANK	ACCOUNT NUMBER	INITIAL
				X
ACCOUNT HOLDER SIGNATURE			DATE	
X				
ACCOUNT HOLDER SIGNATURE			DATE	
X				

if more than one signature is required on cheques issued against this account, all account holders must sign this authorization.

ATTACH A VOID CHEQUE

Be sure to sign and initial all applicable areas required on the form " X "

Version 1.0