

Monthly Payment Plan Instructions

1. Complete and sign the authorization form .
2. Attach a "VOID" cheque.
3. Payment required is 2 months premium plus sales tax plus fee. Total policy premium is subject to an additional charge of 3% for 12 month terms or 1.5% for 6 months.

The down payment may be made in one of the following forms:

1. Cash
2. Money Order
3. Certified Cheque
4. Visa/MasterCard
5. Broker Cheque

Withdrawal date will be based on the expiry date of the policy ; Example, policy expires on of each month and are continuous until the policy is cancelled.

Renewal of the policy is automatic unless written notice to cancel is received.

Finance Plan

From

eCHELON
GENERAL INSURANCE COMPANY

ONTARIO

NAME : _____

POLICY NUMBER : _____

FORWARD THIS FORM TO : (name of the person you are sending this from to) _____



PRE - AUTHORIZED CHEQUE AUTHORIZATION FROM

Policy Number:

I/We authorize the required deductions from the account indicated, payable to Echelon General Insurance Company . I/We understand that this authority may be cancelled by me/us at any time by written notice , It further understood that a service fee of \$50 (plus any applicable tax) will be levied in the event of any withdrawal that is rejected by the bank or financial institution.

Print Full Name : _____				
Address	Street	City or Town	Province	Postal Code
_____	_____	_____	_____	_____

Name of Bank : _____

Preferred Withdrawal Day : _____
(Absence indicates expiry date of policy)

Clicking below has the same legal effect as your handwritten signature:

I agree

I do not agree

Address of Bank : _____

Signature : _____

Account Number : _____

Date : _____

VOID SAMPLE CHEQUE REQUIRED
WE REQUIRE 15 DAYS NOTICE FOR ANY CHANGE IN BANKING INFORMATION