

Name: _____

Policy Number: _____

Forward This Form To: _____

AUTHORIZATION SIGNATURE INDICATES:

- You give permission to the noted financial institution (or any substitute there to which you identify) to debit your account for withdrawals made on your account by The Economical Mutual Insurance Company
- You have reviewed and understand the terms and conditions of the Monthly Pay Plan or Three Pay Plan
- You understand that your payment due may vary if changes occur to your policy premium
- You understand this authorization is continuous and will automatically apply to the renewal terms, unless The Economical Mutual Insurance Company is instructed differently
- You understand this authorization may be cancelled by written request provided full payment of the balance has been received. Notification must be sent to The Economical Mutual Insurance Company a minimum of ten days prior to the cancellation date of the agreement. Request can be sent to The Economical Mutual Insurance Company, Customer Accounts Centre, 590 Riverbend Drive, Kitchener, ON N2K 3S2
- You understand that if your financial institution indicates insufficient funds, The Economical Mutual Insurance Company will attempt another account withdrawal (a representation)
- You understand that if your financial institution indicates insufficient funds on the represented withdrawal, a notification will be mailed to you advising of a new sporadic or special withdrawal to obtain your insurance premium payment. A payment returned as non-sufficient funds may result in the cancellation of your policy
- You may dispute any account discrepancies by providing a signed declaration to your financial institution within 90 days of the withdrawal date
- You understand that The Economical Mutual Insurance Company will adjust your banking information if notification of change is received directly from your financial institution
- You understand that The Economical Mutual Insurance Company cannot be held liable for the service charges applied to your account by your financial institution
- You agree to disclose of any personal information which may be contained in this Agreement to your financial institution

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 The Economical Mutual Insurance Company represents:
 Perth Insurance Company®, The Economical Insurance Group®,
 The Missisquoi Insurance Company® and Waterloo Insurance Company

MONTHLY PAY PLAN AUTHORIZATION

Please complete and send the following form along with a void cheque to your insurance broker to enroll in the Monthly Pay Plan.

I/We hereby authorize The Economical Mutual Insurance Company to withdraw funds from the account stated below for the payment of the insurance policy(ies) noted.

Personal Insurance _____

Commercial Insurance _____

POLICY INFORMATION

Policy number(s): _____

Name of Policyholder: _____

Full Address: _____

City: _____ Prov.: _____ Postal Code: _____

ACCOUNT INFORMATION

Name of Account Holders: _____

Financial Institution: _____

Branch Address: _____

Branch Number:

Transit Number:

Account Number:

Preferred Day of Billing. Monthly on the:

(If preferred date is not checked, the default withdrawal date is the next available withdrawal date when the policy is issued.

Withdrawals scheduled for a holiday or weekend will be made the next business day.)

Please sign and date below once you have reviewed the information at left.

Date Signed: _____

Signature: _____

Signature: _____

I/We warrant and guarantee that all persons who are required to sign on this financial institution account have signed this authorization form.