



PAYMENT PLAN OPTIONS

WHAT IS IT?

- A convenient plan for paying your insurance premiums.
- Once the plan is set up, it renews automatically.
- This is referred to as a PAD (Pre Authorized Debit) Agreement.

THREE METHODS OF PAYMENT TO CHOOSE FROM:

1. *Monthly withdrawals (credit card or bank account)*
 - The first installment is due 1 month prior to the effective date of your policy and this determines the amount of your down payment.
 - Although a down payment is not required, if one is not supplied, your 1st scheduled withdrawal will reflect the amount due in order to bring your policy up to date to a maximum of 3 months. The remaining balance will be spread over the balance of the policy term.
 - Only you, the policyholder, will receive a Status of Insurance Account stating the amount of future withdrawals any time a change is made to your policy. This is in lieu of a confirmation form, as set out in the Canadian Payments Association Rule H1.
 - If you have more than one policy on this PAD Agreement, they will be included on the same Status of Insurance Account, providing the same banking information applies to all policies.
 - Policies paid by credit card will be billed individually.
 - This option includes an administration fee plus applicable taxes.
2. *One payment (credit card or invoice)*
 - Each policy will be billed separately.
 - This option has no administration fee, but includes applicable taxes.
3. *Three payments (credit card or invoice)*
 - Each policy will be billed separately.
 - This option includes an administration fee plus applicable taxes, and is due in 3 consecutive equal monthly payments.

HOW DO I GET IT STARTED?

Simply complete the Payment Authorization Form. Date and sign it in the appropriate area and return it to your broker or directly to The Guarantee.

WHAT ABOUT THE PAYMENT DATE?

- For monthly payments through your bank or credit card company, the withdrawal date will be the effective date of your policy unless you specifically request otherwise on the Payment Authorization Form.
- For new business using One or Three Payments, the payment date will be 30 days after the processing date or the effective date of the policy; whichever date is later.
- If you change your bank account or credit card information please advise your broker immediately, and provide them with a new "VOID" cheque or credit card information plus a new signed Payment Authorization Form.
- A minimum of 5 working days prior to your next payment due date is required to change banking or credit card information.

RECOURSE/REIMBURSEMENT STATEMENT

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

HOW DO I PROCEED IF I WANT TO MAKE CHANGES TO MY POLICY?

Advise your broker of the changes you want to make and they will make sure we are advised accordingly.

1. *Monthly Withdrawals (credit card or bank account)*

- Once the requested change has been processed, you will receive a revised Status of Insurance Account showing the change in the amount of your automatic withdrawals.
- Until such time that you receive your revised Status of Insurance Account, please be prepared to make your payments as per your previous Status of Insurance Account.
- Should a request for change result in your account being in a credit position, a refund in the name of the policyholder will be issued.

2. *Credit Card Payment (One or Three Payments)*

- Once the requested change has been processed, you will receive a revised Invoice showing the change in the amount due.
- Your credit card payment will be charged automatically on the due date shown on the Invoice.
- Should a request for change result in your account being in a credit position, a refund in the name of the policyholder will be issued.

3. *Invoice paid by Cheque or Credit Card (One or Three Payments)*

- Once the requested change has been processed, you will receive a revised Invoice showing the change in the amount due.
- Please forward payment by the due date shown on your Invoice.
- Should a request for change result in your account being in a credit position, a refund in the name of the policyholder will be issued.

HOW DO I CANCEL A PAD AGREEMENT?

You may revoke your authorization at any time by giving 5 working days written notice. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

REFUNDS

- Refunds will be issued in the name of the policyholder only, regardless of the actual payor of the policy.
- Policies paid by PAD will be issued a refund cheque approximately 14 days after the last withdrawal.
- Policies paid by cheque will be issued a refund cheque approximately 30 days after the last payment.
- Policies paid by automatic credit card withdrawals will have their refund applied to their credit card, providing the policyholder and the credit card holder are one and the same person. If they are not, a refund cheque in the name of the policyholder will be issued.

RETURNED WITHDRAWALS OR PAYMENTS

Returned withdrawals or payments in some circumstances will be resubmitted for withdrawal in 7 days. Any returned payment may result in cancellation of your policy and is subject to a \$30.00 processing fee. For PAD's this \$30.00 fee will be added to your next regularly scheduled withdrawal. For credit card payments, this \$30.00 fee will be included in your resubmitted amount.

PAYMENT AUTHORIZATION FORM

The Guarantee Company of North America
954 Dundas Street East
Woodstock, Ontario
N4S 7Z9
Tel: 1-800-265-4262 | Fax: 519-539-2569

The completed authorization form is to be returned to your broker or directly to The Guarantee. Please keep a copy for your reference.

Policy Number(s): _____

Insured's Surname: _____ First Name: _____

Payor's Surname (If different than above): _____ First Name: _____

Payor's Address: _____ City: _____ Province: _____ Postal Code: _____

This PAD service is for (*Check one*) Personal Business

I/We hereby authorize the bank/financial institution noted below to debit my/our account or credit card for all payment to:
THE GUARANTEE COMPANY OF NORTH AMERICA

- Your treatment of each payment shall be the same as if I/we had personally issued a cheque or credit card payment.
- Payment consists of insurance premium and any applicable fees or taxes.
- Returned withdrawals or payments are subject to a processing fee and may result in the cancellation of my/our policy.
- All renewals and subsequent changes will be processed automatically using the information I/we supply, unless I/we indicate otherwise.
- I/We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Payment Authorization Form.
- This authorization may be cancelled at any time by written notice 5 working days prior to the next payment due date.
- Consumer reports containing personal, credit, factual or investigative information about the applicant(s) may be sought in connection with this authorization for Payment Plan or variation thereof.

1. Monthly Bank Withdrawal (CDN funds only)

Financial Institution Name: _____ Preferred Withdrawal Date: _____

Transit Number: _____ Institution Number: _____

Account Number: _____

Name of Account Holder(s): _____

Signature of Account Holder(s): _____ Date: _____

Signature of Account Holder(s): _____ Date: _____

For verification purposes, include a "VOID" cheque

2. Credit Card Payment VISA, MasterCard or AMEX (CDN funds only)

1 pay 3 pay Monthly Downpayment | VISA MasterCard AMEX

The Guarantee will only accept credit card information by phone. We will not accept credit card information by email, mail, courier or fax.

- » For initial credit card information submissions, please call your broker and they will contact their assigned underwriting department representative.
- » For credit card information updates (e.g. change in expiry date, card number, etc.), please call 1-800-265-4262 and ask to speak to our Accounts Receivable department. If calling from Quebec, call 1-800-361-8603.

Signature of credit card holder: _____

Signature of Insured: _____

Date: _____

Date: _____



Your Best Insurance
is an Insurance Broker

Excellence, Expertise, Experience ... Every time | theguarantee.com