

A payment plan that's right for you

The Monthly Payment Plan has a 3% interest charge (see details below). Only 12 month policies are eligible with a minimum premium of \$200.00.

How it works

With your authorization, equal monthly payments are automatically withdrawn from your bank account. A 3% interest charge is included. We require a guaranteed downpayment equal to 2/12ths plus 3% interest, of the total annual premium up front. The rest of the payments are automatically withdrawn in equal monthly installments. You will receive an account summary outlining these amounts. Withdrawal dates are pre-set to the policy effective date. There are no other options available. The last withdrawal from your bank account is 60 days before renewal of your policy. The monthly payment plan then runs automatically, with the first withdrawal 30 days before the renewal date.

Policy changes

When you make a change to your insurance policy, report it to your insurance broker. A down payment withdrawal applies to additional premium endorsements. When the change is processed, you will receive a revised account summary outlining your payment schedule and new payment amounts.

Change of bank or financial institution

The monthly payment plan works with any Canadian bank, trust company or credit union chequing account. If you change your bank branch or switch to a different financial institution, we need 14 days notice. Simply contact your broker to make the necessary changes. We will require a new authorization form filled out and a sample void cheque.

How to apply

1. Include a guaranteed down payment in the form of a money order or certified cheque
2. Complete the attached authorization
3. Attach a sample cheque marked "void"

Terms and Conditions

In this authorization, "I", "me" and "my" refers to each Account holder who signs below.

I acknowledge that this authorization form is provided for the benefit of the payee - The Nordic Insurance Company of Canada - and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I hereby authorize The Nordic Insurance Company of Canada to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by The Nordic Insurance Company of Canada or of any replacement policy, any applicable charges and any applicable sales tax.

I may cancel this authorization at any time. I acknowledge that, in order to revoke this authorization, I must provide notice of revocation to The Nordic Insurance Company of Canada.

I acknowledge that provision and delivery of this authorization to The Nordic Insurance Company of Canada constitutes delivery by me to my financial institution. Any delivery of this authorization to you constitutes delivery by me.

I acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H1 of the Canadian Payments Association:

- Personal/household pre-authorized debits
- Business pre-authorized debits

For either personal/household pre-authorized debits or business pre-authorized debits, I shall receive, with respect to the debiting of fixed-amount payments, written notice from The Nordic Insurance Company of Canada of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the first payment, and such notice shall be received each time there is a change in the amount or payment date(s); or, with respect to the debiting of variable-amount payments, written notice from The Nordic Insurance Company of Canada of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to each payment due date.

The account that The Nordic Insurance Company of Canada is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization. I undertake to inform The Nordic Insurance Company of Canada, in writing, of any change in the account information provided in this authorization prior to the next payment due date.

I acknowledge that my financial institution is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount. I acknowledge that my financial institution is not required to verify that any purpose of payment for which the payment was issued has been fulfilled by The Nordic Insurance Company of Canada as a condition to honouring the pre-authorized debit issued or caused to be issued by The Nordic Insurance Company of Canada on my account.

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Application & Authorization Form

(please print)

Insured Name (company name if applicable)

Mailing Address

City/Town Postal Code

Name of Financial Institution

Branch Address

Branch Transit # (5 Digits) Branch Institute # (3 Digits)

Account # (Maximum 12 Digits)

Insurance Broker Broker #

Nordic policy number

Authorization Forms

I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose any of this information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of facilitating the payment of premiums related to my insurance policy. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. (SIGN BELOW)

Electronic Funds Transfer

I confirm that all persons for whom personal information is contained in this document have consented to the collection, use and disclosure of their personal information. (SIGN BELOW)
I understand and accept the terms and conditions of this preauthorized debit plan and wish to enroll in it. (SIGN BELOW)

Name of Account holder Date

Signature

Name of Account holder Date

Signature

Please remember to attach a guaranteed payment