

A FLEXIBLE PROGRAM FOR  
PREMIUM PAYMENT

# FLEX PLAN

 GORE MUTUAL  
INSURANCE COMPANY

Est. 1839 By Canadians for Canadians

Hallmark Insurance F 416.492.4321.

## FLEX PLAN

**FLEX PLAN** is a payment program that provides you with 3 options to pay your insurance premium. We know every policyholder's personal financial needs are different so the **FLEX PLAN** payment program is our way to accommodate those needs.

No matter what policy you have with us, **all** our policies<sup>1</sup> are eligible for the following **3 payment options**:

### OPTION 1

#### The One Shot Plan

Pay your premium in one single payment at the beginning of your policy term and you don't have to worry about it for a whole year. No administrative fee applies.

### OPTION 2

#### The Budget Plan

If you do not wish to pay your premium all at once, but would like to make 3 installments during the policy term, this option may be the one for you. You pay:

- 40% of the premium at the beginning of the policy term
- 30% thirty days after the 1st payment and
- the remaining 30% thirty days after the second payment.

A flat administrative fee of \$10.00 applies or 1% if the premium is over \$1,000.

### OPTION 3

#### The Electronics Fund Transfer (EFT) Plan

This option provides you with the flexibility of designing your personal billing schedule. You can select withdrawals from your account on a monthly or bi-weekly basis at a date chosen by you. The EFT-Plan is an excellent option to help you budget your expenses. A 3% service charge applies to all transfers.

**For more information on how to set up your personalized payment schedule, ask your Gore Mutual insurance broker.**

## E.F.T. Payment Plan Authorization Card

### Customer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Broker Information

Broker Name: \_\_\_\_\_

Policy # (s): \_\_\_\_\_

### Payment Plan Information

Monthly Payments - Preferred Date of Fund Withdrawals:  
\_\_\_\_\_ / \_\_\_\_\_ (Day/Month)

Bi-Weekly Payments - Preferred Date of Fund Withdrawals:  
\_\_\_\_\_ / \_\_\_\_\_ (Day/Month)

### Bank/Financial Institution Information

Name of Bank Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Branch: \_\_\_\_\_ Account #: \_\_\_\_\_

I/WE AUTHORIZE THE ABOVE NAMED BANK FINANCIAL INSTITUTION TO DEBIT MY/OUR ACCOUNT EACH MONTH FOR ALL PAYMENTS TO THE GORE MUTUAL INSURANCE COMPANY ON PAYMENT FOR MY/OUR INSURANCE PREMIUMS WHICH WILL BE COLLECTED MONTHLY IN ADVANCE. THE BANK FINANCIAL INSTITUTION'S TREATMENT OF EACH PAYMENT WILL BE THE SAME AS IF I/WE HAD PERSONALLY ISSUED A CHECKLE AUTHORIZING THEM TO PAY AS INDICATED AND TO DEBIT THE AMOUNT TO MY/OUR ACCOUNT. MONTHLY PAYMENT AMOUNTS MAY VARY. ANY DELIVERY OF THIS AUTHORIZATION TO THE GORE MUTUAL INSURANCE COMPANY CONSTITUTES DELIVERY BY ME/US. THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME BY WRITTEN NOTICE TO THE GORE MUTUAL INSURANCE COMPANY.

Signatures: \_\_\_\_\_  
(FOR A JOINT ACCOUNT, ALL ACCOUNT HOLDERS MUST SIGN IF MORE THAN ONE SIGNATURE IS REQUIRED ON CHEQUES)

Date: \_\_\_\_\_

**REMINDER:** Accidents do happen, but because of the time and paperwork involved, N.S.F. payments are subject to a \$15.00 charge. In the event of an N.S.F. on a pre-authorized withdrawal, a second attempt to obtain funds will be made in seven days. Overdraft protection should be considered to avoid bank charges.

**PLEASE ATTACH A SPECIMEN OF YOUR CHEQUE MARKED "VOID".**