

## Terms and Conditions continued

Revocation of this authorization does not terminate the insurance contract that exists between me and The Halifax Insurance Company. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the insurance contract.

I may dispute a pre-authorized debit under the following conditions:

- (i) the payment was not drawn in accordance with the Payor's Authorization; or
- (ii) the authorization was revoked; or
- (iii) pre-notification was not received.

I acknowledge that, in order to be reimbursed, a declaration to the effect that (i), (ii) or (iii) took place, must be completed and presented to the branch of my financial institution either up to and including 90 calendar days in the case of a personal/household pre-authorized debit, or up to and including 10 business days in the case of a business pre-authorized debit, after the date on which the payment in dispute was posted to my account.

I acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between The Halifax Insurance Company and me when disputing any pre-authorized debit after 90 calendar days in the case of a personal/household pre-authorized debit or after 10 business days in the case of a business pre-authorized debit.

I understand and accept the terms and conditions of this pre-authorized debit plan and wish to enroll in it. Furthermore, I agree that any personal information that might be contained in this Payor's Authorization may be disclosed to The Halifax Insurance Company's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of rule H4 of the Canadian Payments Association.


Name of Account holder	Date
Signature	
Name of Account holder	Date
Signature	


Hallmark | BRB Insurance Brokers Ltd.

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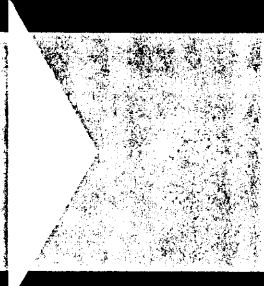
T 416.492.4070

F 416.492.4321

ING  HALIFAX

ING  HALIFAX

Please retain this copy of the terms & conditions for your records.



I N G H A L I F A X

**easipay**

P L A N

*A variety of*

*payment options*

*— one is just*

*right for your*

*insurance needs.*

## Choose the payment option that's right for you:

- One annual payment, due at the beginning of the policy term.
- Three equal installments – the first installment plus a \$20 interest charge is due on the effective date of the policy, the second is due in three months and the third is due in six months. (There is no interest charged on the second and third installments; you will receive a notice when they are due.)
- Only 12 month policies are eligible.
- Monthly payment plan, with a 3% interest charge\* (see details below). Only 12 month policies are eligible.

## How the monthly payment plan works

With your authorization, equal monthly payments are automatically withdrawn from your bank account. We include a 3% interest charge. Your first payment is 2/12ths of the total annual premium and is deducted **immediately** on processing your policy. 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. Choosing an alternate withdrawal date is an option as long as this date falls within 15 days of the policy effective date. The last withdrawal from your bank account is 60 days before renewal of your policy. The monthly payment plan then runs automatically.

## Policy changes

When you make a change to your insurance policy, report it to your insurance broker. 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 Easipay 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.

## How to apply

- An authorization form is attached:
- fill in the details requested
- attach a sample cheque marked "VOID"
- if this is your first insurance policy with ING Halifax, return the authorization form and void cheque to your broker
- if you are renewing your policy with ING Halifax, use the enclosed self-addressed envelope and mail the authorization form and your void cheque directly to ING Halifax

## 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 Halifax Insurance Company - and my financial institution and is provided in consideration of my financial institution agreeing to process debts 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 Halifax Insurance Company to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by The Halifax Insurance Company 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 Halifax Insurance Company.

I acknowledge that provision and delivery of this authorization to The Halifax Insurance Company 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 H4 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 Halifax Insurance Company 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 Halifax Insurance Company 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 Halifax Insurance Company 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 Halifax Insurance Company, 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 Payer'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 Halifax Insurance Company as a condition to honouring the pre-authorized debit issued or caused to be issued by The Halifax Insurance Company on my account.

## Easipay Application & Authorization Form

(please print)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Company Name (if the insured is a business) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Branch address \_\_\_\_\_

Branch transit number \_\_\_\_\_ Account number \_\_\_\_\_

Insurance Broker \_\_\_\_\_

ING Halifax policy number \_\_\_\_\_

Alternate Withdrawal Date \_\_\_\_\_

I understand and accept the terms and conditions of this pre-authorized debit plan and wish to enroll in it.

Name of Account holder \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of Account holder \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of Account holder \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH A SAMPLE OF YOUR CHEQUE MARKED "VOID".**

\*Interest charge is 3% of gross premium, paid in equal installments over the term of the policy and is equivalent to an effective annual rate of 8%.  
Please note: a \$25 transaction fee is added to any "NSF" returns on any of the payment plans.