



Monthly Payment Plan

Our Monthly Payment Plan is designed to allow you to pay your insurance premium on a monthly basis through automatic deductions from your bank account or credit card.

Installments from chequing accounts will be debited four days after the monthly anniversary of the policy expiry date, beginning one month after policy inception. Installments from credit cards will be debited on the monthly anniversary date, beginning one month after policy inception.

The Monthly Payment Plan works with any account which has chequing privileges with a bank, trust company, credit union, or Caisse Populaire or credit card (VISA or MasterCard).

Getting started:

1. Complete and sign the authorization form.
2. If the payments are through a bank account, attach a cheque marked VOID. If payments are through a credit card, attach a photocopy of the front and back of the card.
3. Enclose a payment for two-month down payment to Pafco Insurance Company based on the total policy premium. The balance of premium is subject to an additional charge of 3% if the term is 12 months or 1.5% if the term is 6 months.

Notes:

The down payment (first two months) may be made in one of the following forms:

- Cash
- Money Order or Certified Cheque
- Broker's Cheque

Return the authorization form with the void cheque and down payment.

Monthly Payment Plan Authorization Form

By signing below, I/we authorize Pafco Insurance Company (Pafco) to withdraw funds from the account/credit card stated below for the payment of my/our insurance policy.

I/we authorize the financial institution below that I/we identify, to withdraw funds from my/our account payable to Pafco Insurance Company.

I/we understand there will be a service charge of \$50 (plus tax) if any withdrawal is rejected.

I further agree that in consideration for Pafco permitting me/us to finance my premium through VISA or MasterCard, I/we hereby agree that Pafco may return any premiums to me/us by crediting the stated credit card.

Customer Information

Name(s) _____ Policy Number/Application Number _____

Address _____ Postal Code _____

For Chequing option:

Bank _____

Account No _____

Branch Address _____

For Credit Card option:

Credit Card Type VISA MasterCard

Credit Card Number _____

Credit Card Expiry Date _____

Cardholder's Name _____

Signature of Account Holders/Cardholder(s) _____ Date _____



Credit Card Authorization Form
(full payment, down payment, or single payment)

Customer Information

Policy Number/Application Number _____

Credit Card Number _____

Credit Card Expiry Date _____

Credit Card Type VISA MasterCard

Cardholder's Name _____

By signing below, I/we authorize Pafco Insurance Company (Pafco) to charge my/our credit card

\$ _____

I further agree that in consideration for Pafco permitting me/us to finance my premium through VISA or MasterCard, I/we hereby agree that Pafco may return any premiums to me/us by crediting the stated credit card.

Signature of Account Holders/Cardholder(s) Date

PAF-S

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