FLEX PLAN

GORE MUTUAL INSURANCE COMPANY

Gore Mutual is pleased to offer you the following payment plan options.
Please select the one that works best for you.

☐ **ONE SHOT PLAN**
Pay your premium in one single payment at the beginning of your policy term. No administrative fee applies. The premium may be paid by cheque, Visa, MasterCard or online banking. For online banking your 7-digit policy number should be used as the account number.

☐ **BUDGET PLAN**
Pay your premium in three separate installments as follows: 40% of the premium at the beginning of the policy term, 30% thirty days after the first payment and, the remaining 30% thirty days after the second payment. An administrative fee of 1% of the total premium applies (minimum $10.00 fee). Installments may be paid by cheque, Visa, MasterCard or online banking. For online banking your 7-digit policy number should be used as the account number.

☐ **MONTHLY PLAN**
This option provides you with the flexibility of designing your personal billing schedule. You may select withdrawals from your account or arrange for payments to be charged to your credit card (Visa, MasterCard). A 3% service charge applies to all payments. You may choose your preferred date for payment. If no date is selected, your policy effective date will serve as the date of your payment/withdrawal.

For more information on how to set up your payment plan, please contact your insurance broker.

Customer Information: Name: _____
As Per Policy:

Address: _____

City: _____ Province: _____ Postal Code: _____

Policy #: _____

CREDIT CARD PAYMENT METHOD

We accept the following ***FLEX* PLAN** payments by credit card (please specify):

☐ One Shot Plan ☐ Budget Plan ☐ Monthly Plan - please select your preferred day of month for withdrawals: _____

Name as shown on card: (PLEASE PRINT) _____

Credit Card: ☐ MasterCard ☐ Visa **Expiry Date on Card:** _____/_____ (Month/Year)

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature of Cardholder: _____

MONTHLY AUTOMATIC BANK WITHDRAWAL PAYMENT METHOD

Please select your preferred day of month for withdrawals: _____

REMINDER: N.S.F. payments are subject to a charge. **In the event of an N.S.F. on a pre-authorized withdrawal, a second attempt to withdraw funds will be made.**

IMPORTANT: PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"

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 CHEQUE 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.

Signature(s): _____ Date: _____

_____ Date: _____

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