



AUTOMATIC MONTHLY PREMIUM WITHDRAWAL AUTHORIZATION FORM (ONTARIO)

5250 Decarie Blvd
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JEVCOM #: 53511

NAME AND MAILING ADDRESS OF INSURED		NAME AND MAILING ADDRESS OF BROKER	
Name:		Name: Navigators Insurance Brokers Agency # 53511	
Address:		Address: 4 Lansing Square, Suite 100	
City / Province:	Postal Code	City / Province: Toronto	Postal Code M2J 5A2

1) FINANCIAL INSTITUTION INFORMATION

Name of Accountholder

Name of Financial Institution

Account Information (Or cheque sample marked "Void")

Branch # (5)

Financial Institution (3)

Account #

Monthly withdrawal date selected

(May be amended up to a maximum of 7 days from policy effective date within the same month):

Signature of Accountholder

Date

Signature of Accountholder

2) PAYMENT MODE FOR INITIAL INSTALMENT

Where initial instalment is made through bank account withdrawal, sufficient funds must be available from the account as of the policy issue date.

Automatic Withdrawal (Details of agreement are shown on reverse)

Credit Card

CREDIT CARD INFORMATION

For payment of initial instalment

For payment of entire premium

Visa MasterCard Expiry Date: Month ____ Year ____

Card Number: - - - Amount: \$

The cardholder shall pay the above amount to the Card Issuer, as per the agreement regulating the use of the credit card.

Cardholder name _____

Authorized Signature _____

Monthly Premium Withdrawal:

With this payment mode, it is possible for you to pay your premium through automatic monthly bank account withdrawals. Initial instalment can be charged on your Visa or MasterCard credit card or withdrawn directly from your account.

To be entitled to our pre-authorized withdrawal payment plan, please complete and sign the Premium Withdrawal Authorization Form. Should you wish to pay the initial instalment through your credit card, please also complete the Credit Card Information section of the Premium Withdrawal Authorization Form.

Any additional or return premium generated by a change in coverage shall be divided equally over the remaining policy period. An amended payment schedule will be forwarded to you.

Upon renewal of your policy, the first withdrawal shall occur at the usual withdrawal date. Withdrawals will be adjusted on the basis of the renewal premium.

TERMS OF AGREEMENT:

- The terms of the Automatic Monthly Premium Withdrawal Payment Plan have been provided to and understood by me.
- I hereby authorize JEVCO Insurance Company to effect withdrawals from the bank account I have with my financial institution, for the payment of the premium of the insurance policy issued by JEVCO Insurance Company or any policy issued in replacement thereof, of any required fees (where applicable) and sales tax (where applicable), as per the rules of the Canadian Payments Association.
- This Authorization may be cancelled at any time upon my providing notice to that effect. I recognize that for the cancellation of this Authorization to be effective, I must give JEVCO Insurance Company a notice of cancellation. Such notice of cancellation must be provided to JEVCO Insurance Company at least 15 working days before the date of the next expected premium withdrawal.
- Certain recourses are available to me should any amount debited from my account not be in accordance with this Agreement. For instance, I am entitled to a refund should an amount be withdrawn without authorization or not in accordance with this Authorization. To obtain a refund request form or for more information about my recourses, I may contact my financial institution.
- I recognize that my financial institution is not required to ascertain whether or not the automatic withdrawal has been made in accordance with this Authorization, including with regards to the amount, frequency or purpose of such automatic withdrawal.
- I shall advise JEVCO Insurance Company in writing of any change in the account information herein provided 10 days prior to the date of the next automatic withdrawal.
- I hereby ask JEVCO Insurance Company to finance the premium of the insurance policy underwritten. I accept the 3% financing fees related to this payment mode.
- I warrant that all individuals whose signature is required for this account have signed the following Agreement.
- **I will be charged a \$50 fee each time a withdrawal payment is not honoured.**