

## A payment plan that's right for you

The Monthly Payment Plan has a 3% interest charge (see details below). Only 12 month policies are eligible with a minimum premium of \$300.00 (Please call your broker to confirm if you qualify).

### How it works

With your authorization, equal monthly payments are automatically withdrawn from your bank account. A 3% interest charge is included. We require a guaranteed downpayment equal to 2/12ths plus 3% interest of the total annual premium up front. The rest of the payments are automatically withdrawn in equal monthly installments.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. There are no other options available. The last withdrawal from your bank account is 60 days before renewal of your policy. The monthly payment plan then runs automatically, with the first withdrawal 30 days before the renewal date.

### Policy changes

When you make a change to your insurance policy, report it to your insurance broker. A down payment withdrawal applies to additional premium endorsements. 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 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 3 weeks notice. Simply contact your broker to make the necessary changes. We will require a new authorization form filled out and a sample void cheque.

### How to apply

1. Include a guaranteed down payment in the form of a money order or certified cheque
2. Complete the attached authorization
3. Attach a sample 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 \$50 administration fee is added to any returned payment.**

## Terms & 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 Nordic Insurance Company of Canada, or its successors, assignees, affiliates or transferees (hereafter referred to as "Insurer") - and my financial institution and is provided in consideration of my financial institution agreeing to process debits 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 above.

I hereby authorize Insurer, to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by Insurer, or of any replacement policy, any applicable charges and any applicable sales tax.

I waive the right to obtain written notice from Insurer, 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, even when there is a change in the amount or payment date(s).

I may cancel this authorization at any time. I acknowledge that, in order to revoke this authorization, I must provide 10 days notice of revocation to Insurer. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca).

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

I acknowledge that provision and delivery of this authorization to Insurer, constitutes delivery by me to my financial institution. Any delivery of this authorization to you constitutes delivery by me.

The account that Insurer is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization. I undertake to inform Insurer, in writing, of any change in the account information provided in this authorization at least 3 weeks 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 Payor's Authorization including, but not limited to, the amount.

*(continued on back)*

## Application & Authorization Form

(please print)

Insured Name (company name if applicable)

Mailing Address

City/Town

Postal Code

Name of Financial Institution

Branch Address

Branch Transit # (5 Digits)

Branch Institute # (3 Digits)

Account # (Maximum 12 Digits)

Insurance Broker

Broker #

Nordic policy number

Personal PAD

Business PAD

### Authorization Forms

I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of facilitating the payment of premiums related to my insurance policy. I confirm that all individuals whose personal information is contained in this document have consented to the collection, use and disclosure of their personal information including, without limitation, for electronic funds transfer, and have authorized me to agree to the above on their behalf.

Name of Account holder

Date

Signature

Name of Account holder

Date

Signature

Please remember to attach a guaranteed payment and a sample "void" cheque

## Terms and Conditions continued

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 Insurer, as a condition to honouring the pre-authorized debit issued or caused to be issued by Insurer, on my account.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I agree that any personal information that might be contained in this Payor's Authorization may be disclosed to Insurer's, financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of Rule H1 of the Canadian Payments Association.

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

### Sample "Down Payment" Calculation

|                        |                    |
|------------------------|--------------------|
| Policy Premium         | \$ 1,000.00        |
| 3% Interest            | \$ 30.00           |
| <b>Total Payment</b>   | <b>\$ 1,030.00</b> |
| <b>Monthly Payment</b> | <b>\$ 85.83</b>    |
| (Total payment ÷ 12)   |                    |
| <b>Down Payment</b>    | <b>\$ 171.67</b>   |
| (2/12ths)              |                    |

# Facility Payment Plan

- Monthly Withdrawals
- 3% Interest Charge

# NORDIQUE