

Brokerage _____ Name _____

Email/Phone# _____ Address _____

If you would like to change your Pay Plan, or change your billing information, follow these steps:

1. Fill in the form, and pick a Pay Plan by checking off one of the boxes below
2. All account holders must sign and date the authorization section for the Monthly EFT Pay Plans
3. Attach a cheque marked VOID or Bank form for the Monthly EFT Pay Plan
4. Provide the form to your Broker. Please allow 2 weeks for the change to be made

One Pay Plan

Pay your premium in one single instalment at the beginning of the policy term, no administrative fee applies.

Three Pay Plan (Budget Plan)

Pay your premium in three instalments as follows: 40% on the effective date of your policy, 30% thirty days after the first instalment and the remaining 30% thirty days after the second installment. An administration fee of 1% (minimum \$10) applies and is added to the first instalment.

- Payment for the **One and Three Pay Plans** can be made via cheque, money order, credit card (Visa, VisaDebit, MasterCard or MasterCardDebit), or by telephone/online banking (use Gore Mutual Insurance as a payee and your 7 digit policy number as the account number). Visit our website at www.goremutual.ca to pay online by credit card, or contact your Broker. Returned payments may be subject to a charge and may result in cancellation of your policy. **Please do not email or fax credit card information.**

Monthly Recurring EFT Plan

Pay your premium in monthly withdrawals on a day of your choice (1st to 31st). If no date is selected, we will use your policy effective date as your withdrawal date. A 1.3% (Auto) or 3% (Commercial and Property) service charge applies.

- Payment for the **Monthly EFT Pay Plan** can be made from a chequing or savings account. (Sorry, we cannot accept a Line of Credit account for this Pay Plan). Withdrawals scheduled for a holiday or weekend will be made the next business day. In the event of a non-sufficient funds returned payment, a second attempt to withdraw funds will occur in 3-10 calendar days. Returned payments may be subject to a charge and may result in the cancellation of your policy.

Preferred Withdrawal Date (Monthly Plan only) _____ (1-31)

Bank information from Void cheque or Bank form:

****Please attach a blank cheque marked "Void"*****

Policy Number:

Transit number

Bank number

Account number

Account holder name(s) _____

By signing this form;

I/We understand that I/We are providing personal information, including my/our bank/financial institution account and/or credit card information, for the purposes of submitting my/our payments under Gore Mutual Insurance Company's Flexplan. I/We understand that the information collected will be used for the purpose of this application for making payments under the Gore Mutual Insurance Company Flexplan. I/We consent and authorize Gore Mutual Insurance Company to collect, use and disclose the information in this form to, from and between Gore Mutual insurance Company's Billing Department and my/our bank/financial institution for the purposes of this application. I/We authorize my bank/financial institution to debit my/our account or credit card for all payments due to Gore Mutual Insurance Company on payment for my/our insurance premiums and any applicable fees and taxes, including balances owing on cancelled policies, in accordance with the rules of the Canadian Payments Association. Monthly payment amounts may vary if changes occur to the policy premium. This authorization may be cancelled at any time provided that written notice is received 30 days before the next scheduled instalment. I/we may obtain a sample cancellation form or further information on my/our right to cancel a Pre-Authorized Debit by visiting www.cdnpay.ca. Revocation of this authorization does not terminate the insurance contract existing between the named Insured and Gore Mutual Insurance Company. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. Refunds may be made to the bank account/credit card where applicable.

Signature(s): _____ Date: _____

_____ Date: _____