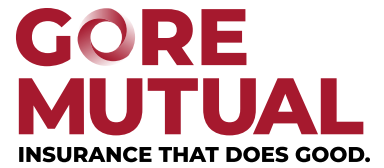


# Flex Plan Application



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 3 weeks for the change to be made

Policy Number: \_\_\_\_\_

## Customer Information

Name	Address
_____	_____
Email/Phone Number	Brokerage
_____	_____

## Plan Options

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

**Three Pay Plan**  
Pay your premium in three instalments in the 1st, 2nd and 3rd month of your policy.

### Payment Options




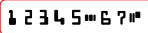
Payment for the One and Three Pay Plans can be made via cheque, money order, credit card (Visa, VisaDebit, MasterCard or MasterCardDebit), or by telephone/online banking (use Gore Insurance Company as a payee and your policy number as the account number). Visit our website at [www.goremutual.ca](http://www.goremutual.ca) 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 or Residential) service charge applies.

### Payment Options

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.

## Banking Information

Preferred Withdrawal Date (Monthly Plan only) _____ (1-31)	Branch # _____	Institution # _____	Bank Account # _____
Sample    	Account holder name(s) _____		
Cheque #	Branch #	Institution #	Account #

## Authorization

By signing this form, I/We understand that I/we are providing personal information, including my/our bank/financial institution account information, for the purpose of making payments to Gore Insurance Company for my/our insurance policy(ies). I/We authorize Gore Insurance Company to collect, use, and disclose the information on this form to my/our bank/financial institution. I/We authorize my/our bank/financial institution to debit our account for payments due to Gore Insurance Company, including premiums, any applicable fees and taxes, and balances owed on cancelled policies, in accordance with the rules of Payments Canada. Monthly payment amounts may vary if changes occur to the policy premium, fees or taxes. 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 Pre-Authorized Debit cancellation form by visiting [www.payments.ca](http://www.payments.ca). Revocation of this authorization does not terminate the insurance contract existing between the named Insured and Gore 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.

Signature _____	Date _____
Signature _____	Date _____