

How do I apply for the monthly payment plan?

1. Fill in the application and authorization form
2. Sign and date the signature box*
3. Keep a copy for your records
4. Attach a "VOID" cheque*

5. Mail both pieces to Intact Insurance Company at:
Billing & Accounts Receivable Department
1200, 321 - 6th Avenue SW
Calgary, Alberta, T2P 4W7
OR Fax us at: 403-231-1392

PLEASE NOTE: you will receive confirmation of this change with 15 calendar days notice before payments are withdrawn from your bank account – please do not send us a down payment cheque.

Monthly pay application and authorization form (please print)

Province you reside in	Insurer: <input type="radio"/> Intact Insurance Company <input type="radio"/> Novex Insurance Company	
Policy Number	Your Insurance Broker	
Last Name	First Name	
Company Name (if the insured is a business)		
Alternate Withdrawal Date (if different from policy effective date)		
Name of Financial Institution		
Branch Transit Number	Bank Number	Account Number

I understand and accept the terms and conditions of this pre-authorized debit plan and wish to enrol in it.

Name of Account Holder	
Signature	Date
Name of Account Holder	
Signature	Date

Interest and Fees

- 1) A \$35 transaction fee is added to any "NSF" returns on any of the payment plans.
- 2) A \$35 fee is charged to reinstate a cancelled policy.
- 3) A Funds Not Available fee of \$35 will be charged if funds are withheld by the customer's bank for clearance and are unavailable to cover the premium payment on due date.
- 4) Applicable interest charge is 4% of gross premium, paid in equal instalments over the term of the policy and is equivalent to an effective annual rate of 10%.
- 5) Two returned payments within the policy term or NSF of your down payment may result in cancellation of your policy.

Terms and Conditions

In this authorization, "I", "me" and "my" refers to each Account Holder who signs above. I acknowledge that this authorization form is provided for the benefit of the payee – Intact Insurance Company, or its successors, assignees or transferees – 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 Intact Insurance Company, or its successors, assignees or transferees, to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by Intact Insurance Company, or its successors, assignees or transferees, or of any replacement policy, any applicable charges and any applicable sales tax. I may cancel this authorization at any time. I acknowledge that, in order to revoke this authorization, I must provide notice of revocation to Intact Insurance Company, or its successors, assignees or transferees.

I acknowledge that provision and delivery of this authorization to Intact Insurance Company, or its successors, assignees or transferees, constitutes delivery by me to my financial institution. Any delivery of this authorization to you constitutes delivery by me.

I acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H1 of the Canadian Payments Association:

- Personal/household pre-authorized debits
- Business pre-authorized debits

For either personal/household pre-authorized debits or business pre-authorized debits, I shall receive, with respect to the debiting of fixed-amount payments, written notice from Intact Insurance Company, or its successors, assignees or transferees, 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, and such notice shall be received each time there is a change in the amount or payment date(s); or, with respect to the debiting of variable-amount payments, written notice from Intact Insurance Company, or its successors, assignees or transferees, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to each payment due date.

The account that Intact Insurance Company, or its successors, assignees or transferees, is authorized to draw upon is indicated above. A specimen cheque has been marked "void" and attached to this authorization. I undertake to inform Intact Insurance Company, or its successors, assignees or transferees, in writing, of any change in the account information provided in this authorization at least 14 days 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.

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 Intact Insurance Company, or its successors, assignees or transferees, as a condition to honouring the pre-authorized debit issued or caused to be issued by Intact Insurance Company, or its successors, assignees or transferees, on my account.

Revocation of this authorization does not terminate the insurance contract that exists between me and Intact Insurance Company, or its successors, assignees or transferees. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the insurance contract.

I may dispute a pre-authorized debit under the following conditions:

- i. the payment was not drawn in accordance with the Payor's Authorization; or
- ii. the authorization was revoked; or
- iii. pre-notification was not received.

I acknowledge that, in order to be reimbursed, a declaration to the effect that (i), (ii) or (iii) took place, must be completed and presented to the branch of my financial institution either up to and including 90 calendar days in the case of a personal/household pre-authorized debit, or up to and including 10 business days in the case of a business pre-authorized debit, after the date on which the payment in dispute was posted to my account.

I acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between Intact Insurance Company, or its successors, assignees or transferees, and me when disputing any pre-authorized debit after 90 calendar days in the case of a personal/household pre-authorized debit or after 10 business days in the case of a business pre-authorized debit.

I understand and accept the terms and conditions of this pre-authorized debit plan and wish to enrol in it.

Furthermore, I agree that any personal information that might be contained in this Payor's Authorization may be disclosed to Intact Insurance Company, or its successors, assignees or transferees, 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.

Easipay 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 authorized that I agree to the above on their behalf.

Electronic Funds Transfer

I confirm that all persons for whom personal information is contained in this document have consented to the collection, use and disclosure of their personal information.

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