

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 directly to Jevco Insurance at:
 Billing & Accounts Receivable Department
 700 University Avenue, Suite 1500, Toronto, Ontario M5G 0A1
 OR Fax us at: 1 855 301 6933

PLEASE NOTE: you will receive confirmation of this change with 15 calendar days' notice before payments are withdrawn from your bank account.

Monthly pay application and authorization form (please print)

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) <i>[This may be amended to a maximum of 7 days within the same month]</i>			
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.

Personal PAD: <input type="checkbox"/>	
Business PAD: <input type="checkbox"/>	
Name of Account Holder	
Signature	Date
Name of Account Holder	
Signature	Date

Interest and Fees

- 1) A \$50 fee is charged to reinstate a cancelled policy.
- 2) A \$35 fee is charged when a payment is recollected.
- 3) Applicable interest charge is 3% of gross premium, paid in equal instalments over the term of the policy and is equivalent to an effective annual rate of 8%.
- 4) Returned payments within the policy term or NSF of your down payment will 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 JEVCO Insurance Company or their successors, assignees 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.cdnpay.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 above. 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 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 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.

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.

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 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.

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

