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SCHEDULED PAYMENTS PLAN

Authorization form

Complete this form, attach a void cheque, and send it to your broker to sign up for our Scheduled Payments Plan. Talk to your broker if you prefer to pay annually or in three instalments.

☐ Personal property ☐ Personal auto ☐ IRCA

Broker number

1-16999

First policy number

Second policy number

Payor's name

Address

City

Province

ON

Postal code

Name of financial institution (Canadian only)

Address of financial institution branch

Financial institution number

Transit number

Account number

Specify your scheduled withdrawal date, from 1 to 31:

Please read carefully the terms applicable to your selected payment method and the terms applicable to all payments methods (included below).

This Agreement is between **Definity Insurance Company** ("**Company**") and the payor, being the cardholder(s) or accountholder(s), as applicable, ("**you**"), on the credit card or bank account associated with one or more insurance policies with the Company (the "**policy**").

YOUR CONSENT TO THE TERMS OF THIS AGREEMENT CONFIRMS THE FOLLOWING:

If your payment method is credit card:

- You authorize the Company to store your credit card information provided, as such credit card may be updated from time to time (the "**Stored Credential**").
- You give permission to the noted financial institution (or any substitute thereto which you identify) to charge the Stored Credential for withdrawals made by Company.
- You understand the terms and conditions of your scheduled payment plan with Company and you authorize Company to make recurring charges to the Stored Credential for payment amounts you authorized or authorize from time-to-time and, if necessary, initiate adjustments for any transactions.
- Without limiting the generality of the foregoing, you authorize Company to charge the Stored Credential in the amount of your total term premium, plus taxes, fees and any other charges, if applicable, according to the payment frequency you select or selected. The current amount of your total term premium, plus taxes, fees and other charges, if applicable, will be shown on your account statement.
- You understand the amounts charged to the Stored Credential may vary if changes occur to your policy premium.

If your payment method is bank withdrawal:

- You acknowledge this is a pre-authorized debit agreement and you authorize the Company to debit/credit funds from your bank account provided (the "**Account**").
- You give permission to the noted financial institution (or any substitute thereto which you identify) to debit the Account for withdrawals made by Company.
- You understand the terms and conditions of the scheduled payment plan with Company for the policy and you authorize Company to make recurring withdrawals from the Account for the payment amounts authorized from time-to-time and, if necessary, initiate adjustments for any transactions.
- Without limiting the generality of the foregoing, you authorize Company to make withdrawals from the Account in the amount of the total term premium for the policy, plus taxes, fees and any other charges, if applicable, according to the payment frequency selected. The current amount of the total term premium, plus taxes, fees and other charges, if applicable, will be shown on the account statement for the policy.
- You understand the withdrawal amounts may vary if changes occur to the policy premium.
- **Waiver of pre-notification: You waive any and all requirements for pre-notification of debiting, including without limitation, pre-notification of any changes in the withdrawal amounts due to a change in policy coverage and any applicable fees and charges.**

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If your payment method is bank withdrawal continued:

- You understand if your financial institution indicates non-sufficient funds (NSF), Company may attempt another account withdrawal (a representment).
- You understand if your financial institution indicated NSF of the represented withdrawal, an NSF fee may be charged to the Account in addition to your regular payment. A notification will be mailed to you advising of a special withdrawal to obtain your insurance premium and to advice of the NSF fee withdrawal. A payment returned as NSF may result in the cancellation of the policy.
- You understand Company cannot be held liable for the service charges levied by your financial institution.
- You understand Company will adjust your banking information if notification of change is received directly from your financial institution.
- You may revoke your authorization under this Agreement at any time by providing Company with no less than 30 days' written notice. Termination of this authorization applies only to the method of payment and does not have any bearing on or eliminate the obligation to make payment to Company under the policy, and other arrangements must be made for payment. You may obtain a sample cancellation form, or further information on your right to cancel this Agreement, at your financial institution or by visiting www.payments.ca.
- You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement of any debit that is not authorized or is not consistent with this Agreement. To obtain more information on your recourse rights, you can contact your financial institution or visit www.payments.ca.

Terms applicable to all payment methods:

- You understand this authorization is continuous and will automatically apply to the renewal terms of the policy unless Company is instructed differently.
- If a credit is owed to the account with Company, Company will provide you with notice and will refund the applicable amount.
- This Agreement will automatically terminate when both: (i) there is no longer an active policy with Company and (ii) full payment of the policy balance has been received by Company. For clarity, if there is an outstanding balance with Company, this Agreement will remain in effect until it is paid. However, if the policy expires or is cancelled and is subsequently reinstated for any reason, this Agreement will be deemed not to have expired and to have remained in full force and effect as though there was continuously a policy with Company.
- You pledge to have the necessary funds available to cover the amount of the payments due to Company.
- You certify all payment information provided is accurate and agree to inform Company of any changes to this information at least 21 days prior to the next payment due date, and that, unless otherwise agreed with Company, this Agreement continues in respect of any new credit card or bank account to be used for payment.
- You consent to Company's collection, use and retention of personal information concerning you, in your capacity as cardholder or accountholder, as applicable. You also agree to the disclosure of any personal information, which may be contained in this Agreement, to your financial institution.
- For the purposes of this Agreement, all amounts are in Canadian dollars.
- Company may make changes to this Agreement by providing 30 days prior written notice.
- If you make changes to, or are asked to update, your payment method or information, you may be required to consent to a revised or updated Recurring Payment Agreement or similar agreement with Company at that time. In those circumstances the revised or updated Recurring Payment Agreement, or similar agreement, that you consent to will replace this Agreement.
- You have received a copy of this Agreement and have read and understand these terms and conditions.
- This Agreement is governed by the laws of Ontario, Canada and you and Company accede to the jurisdiction of the courts of Ontario, Canada.

LOCATION OF COMPANY AND CONTACT INFORMATION

Company's head office is located at 111 Westmount Rd., Waterloo ON, N2L 2L6. You can contact Company at: 1-844-327-2227.

I (account holder) accept the terms and conditions listed below, and authorize Economical Insurance to debit/credit funds from/to the bank account stated above for the payment of the insurance policy/policies noted.

Date	Signature of bank account holder	Signature of second bank account holder if joint account

Economical Insurance policies are underwritten by Definity Insurance Company.

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