OPTIMUM®
General Insurance

OPTIMUM INSURANCE COMPANY INC.
www.optimum-general.com

Monthly Payment Plan Enrolment Form

How to enrol:

- Please complete and sign this authorization Agreement and attach a sample cheque marked "VOID".
- Return in the enclosed envelope or to your Broker.
- Please note that subscription and special risk policies are not eligible for the monthly payment plan.
- A down payment equivalent to 2/12th of the premium (2/6th if a 6 month policy), including applicable service charge, 1.3% for automobile, 3% for residential and commercial, (0.6% for 6 month auto policy), will be automatically withdrawn from your account beginning on the effective date of the policy. If the enrolment form is not received 20 days prior to the effective date of the policy, a certified cheque for the down payment may be required.

Alternate Withdrawal Date (if different from policy effective date): _____

Tax exempt: ☐ Yes ☐ No Type of Service (check one): ■ Personal ☐ Business Use

Broker Name: Agincourt Insurance Brokers

Pre-Authorized Variable Debit Agreement (please print)

Insured's name (*if different from Account Holder name*):		
Information of Account Holder		
Surname:	First Name:	Policy Number (if known):
Address:		
City/Town:	Province:	Postal Code:
Contact number(s): (Home):	(Work):	(Fax):

Banking Information		
Name of Financial Institution/Bank:	Bank Transit:	Account Number:
Branch Address:		
City/Town:	Province:	Postal Code:

Terms and Conditions:

- I hereby authorize Optimum Insurance Company Inc. to debit my account as per my instructions for monthly recurring payments and/or one time payments from time to time, in payment of the insurance premiums and any applicable charges and taxes.
- I agree and understand that a two month down payment is optional and if there is no initial down payment, my first instalment, equivalent to 2/12th of the annual premium, will automatically be withdrawn on the effective date of the policy. The remaining monthly installments will be withdrawn on the agreed withdrawal date or next business day. This withdrawal amount may be increased or decreased, at a later date, as a result of renewal of the policy, endorsements or cancellation. **I understand that I have waived the requirement to receive a notification before each withdrawal and I understand that I do not require a notification of the amount to be withdrawn before each withdrawal.**
- I agree that, for the purpose of this agreement, all pre-authorized debits from my account will be treated as Variable amount pre-authorized debits.
- If a pre-authorized payment is returned due to insufficient funds (NSF), Optimum Insurance Company Inc. is authorized to re-submit the payment. Furthermore, I understand that if sufficient funds are not available on re-submission, a transaction fee will apply and Optimum Insurance Company Inc. may cancel the policy for non-payment of premium.
- I understand that a service charge will be applicable and spread over the instalments.
- I agree to inform Optimum Insurance Company Inc., in writing, of any change in the account information provided in this Agreement, at least 10 business days prior to the next debit to my account.
- Upon renewal of my contract of insurance, I understand that the same payment method will apply unless I notify Optimum Insurance Company Inc. before the renewal date of my contract. At renewal, the first withdrawal will be withdrawn from my account in the month prior to the renewal date.
- I may cancel this authorization for pre-authorized debits at any time, subject to providing Optimum Insurance Company Inc. with 30 days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form.
- Any cancellation of this Agreement will not terminate or otherwise have any bearing on any agreement that exists between me and Optimum Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternative method.
- 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 the Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

147 McIntyre St. West, P.O. Box 1288, North Bay, ON P1B 8K5

Date: _____ Signature(s): _____ _____

(If more than one signature is required on cheques issued against this account, all account holders must sign this authorization)

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