The Monthly Payment Plan... for Personal Lines Auto & Homeowner

...designed to allow you to pay your insurance premium on a monthly basis through automatic deductions from your bank account or credit card. Installments will be debited 4 days after the monthly anniversary of the policy expiry date, commencing 1 month after policy inception.

The Monthly Payment Plan works with any account which has chequing privileges with a bank, trust company, credit union or Caisse Populaire or credit card (VISA or MasterCard). To get started simply...

1. **Complete and sign the authorization form.**
2. **If the payments are through a bank account, attach a sample cheque marked VOID. If it is through a credit card, attach a photo copy of the front and back of the card.**
3. **Enclose a payment for 2 months down payable to PAFCO Insurance Company based on the total policy premium plus sales tax if applicable. Balance of premium is subject to an additional charge of 5%.**

The down payment (first 2 months) may be made in one of the following forms:

i) **Cash**
ii) **Money Order or Certified Cheque**
iii) **Broker's Cheque**
iv) **Visa or MasterCard**

Return the authorization form with the void cheque or photo copy of the credit card and down payment and we will take care of the rest.

Terms and conditions within this authorization form are subject to change without notice.

AUTHORIZATION FORM

I/we hereby authorize PAFCO Insurance Company to withdraw funds from the account/credit card stated below for the payment of my insurance policy. I/we authorize the financial institution below that I/we identify, to withdraw funds from my/our account payable to PAFCO Insurance Company. I/we understand there will be a service charge of $50 (plus tax) if any withdrawal is rejected.

Name (s) _____ Policy Number _____

Address _____ Postal Code _____

I wish to pay through my Chequing Account ☐ Credit Card ☐
(check one)

For Credit card account selection, please complete the section below.

Select type of card VISA ☐ MasterCard ☐
(check one)

Cardholder's name _____
(required if the name differs from above)

Card number

Expiry date *(mm/yy)*

For Chequing account selection, please complete the section below.

Name of Bank _____

Account No. _____

Branch address _____

Account holder's signature _____ Date _____
(as required on cheque)

Cardholder's signature _____ Date _____
(as it appears on credit card)