

Policy Number: (7 digits)        Brokerage \_\_\_\_\_

Name \_\_\_\_\_ Email/Phone# \_\_\_\_\_

Address \_\_\_\_\_

If you would like to change your Pay Plan, or change your billing information, follow these steps:

1. Fill in the form, and pick a Pay Plan by checking off one of the boxes below
2. All account/credit card holders must sign and date the authorization section for Monthly Pay Plans
3. Attach a Void cheque or Bank form for Monthly banking
4. Provide the form to your Broker. Please allow 2 weeks for the change to be made

\*\*\* Please do not email or fax credit card information \*\*\*

**One Pay Plan**

Pay your premium in one single payment at the beginning of the policy term, no administrative fee applies. Payment can be made via cheque, money order, credit card (Visa, VisaDebit, MasterCard), or by telephone/online banking (use Gore Mutual Insurance as a payee and your 7-digit policy number as the account number). Visit our website at [www.goremutual.ca](http://www.goremutual.ca) to pay online by credit card, or contact your Broker. Returned payments are subject to a charge and may result in cancellation of your policy.

**Three Pay Plan (Budget)**

Pay your premium in three instalments as follows: 40% of the premium at the beginning of the policy term, 30% thirty days after the first payment and the remaining 30% thirty days after the second payment. An administrative fee of 1% (minimum \$10) applies and is added to the first instalment. Payment can be made via cheque, money order, credit card (Visa, VisaDebit, MasterCard), or by telephone/online banking (use Gore Mutual Insurance as a payee and your 7-digit policy number as the account number). Visit our website at [www.goremutual.ca](http://www.goremutual.ca) to pay online by credit card, or contact your Broker. Returned payments are subject to a charge and may result in cancellation of your policy.

**Monthly Plan**

Pay your premium in monthly payments from your chequing or savings account, or from your Visa, VisaDebit or MasterCard. (Sorry, we cannot accept a Line of Credit account for this Pay Plan). Choose your preferred date of withdrawal (1<sup>st</sup> to 31<sup>st</sup>); if no date is selected, we will use your policy effective date as your withdrawal date. Withdrawals scheduled for a holiday or weekend will be made the next business day. A 3% service charge applies to this option (1.3% for Auto starting June 1, 2016). Returned payments are subject to a charge and may result in the cancellation of your policy. In the event of an NSF on the Monthly Banking Plan, a second attempt to withdraw funds will occur in 3-10 calendar days.

Preferred Withdrawal Date \_\_\_\_\_ (1-31)

I/We understand that I/We are providing personal information, including my/our bank/financial institution account and/or credit card information, for the purposes of submitting my/our payments under Gore Mutual Insurance Company's Flexplan. I/We understand that the information collected will be used for the purpose of this application for making payments under the Gore Mutual Insurance Company Flexplan. I/We consent and authorize Gore Mutual Insurance Company to collect, use and disclose the information in this form to, from and between Gore Mutual insurance Company's Billing Department and my/our bank/financial institution for the purposes of this application. I/We authorize my bank/financial institution to debit my/our account or credit card for all payments due to Gore Mutual Insurance Company on payment for my/our insurance premiums and any applicable fees and taxes, including balances owing on cancelled policies, in accordance with the rules of the Canadian Payments Association. Monthly payment amounts may vary if changes occur to the policy premium. This authorization may be cancelled at any time provided that written notice is received 30 days before the next scheduled instalment. I/we may obtain a sample cancellation form or further information on my/our right to cancel a Pre-Authorized Debit by visiting [www.cdnpay.ca](http://www.cdnpay.ca). Revocation of this authorization does not terminate the insurance contract existing between the named Insured and Gore Mutual Insurance Company. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. Refunds may be made to the bank account/credit card where applicable.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Bank information from Void cheque or Bank form:**

**\*\*Please attach a blank cheque marked "Void"\*\***

Policy Number:

Transit number      Bank number      Account number

Account holder name(s) \_\_\_\_\_

**Credit Card information:**

Visa       VisaDebit       MasterCard

Policy Number:

-     -      
Credit Card Number      Expiry Date

Cardholder Name(s) \_\_\_\_\_