



AVIVA

PAYMENT OPTIONS: Elite Insurance Company

Payment in full

1. Online and telephone banking

- Log onto your bank's Internet banking website or call your bank's telephone banking number.
- Under your bill payee list, add Elite Insurance Company and enter your account number, which is provided on your Elite invoice.

2. Cheque or money order

- Make your cheque or money order payable to Elite Insurance Company.
- Write your policy number on the front of your cheque or money order.
- Return your payment with the invoice.

Installment plans

1. Pre-authorized monthly payment from your bank account

- A 3% per installment finance charge applies to all premium processed on the Pre-Authorized Chequing plan.
- You may select any date of the month for your insurance premium withdrawal.
- To calculate your monthly payment, simply divide your insurance premium, plus finance charge and applicable taxes, by 12.
- Your first payment is due 30 days before your policy effective date, therefore the first payment may actually be for an amount totaling 2 - 3 months payment depending on the date your authorization is processed.
- Once your monthly payment plan has been set up, it will continue automatically (unless you inform us otherwise). Any premium changes will be divided equally over your remaining monthly payments, and you will receive a revised invoice and payment schedule.

To enroll in our monthly payment plan, complete, sign and return this form to your broker, along with a sample cheque marked VOID.

2. Multi-payment plan

- Your annual premium is divided into two, three or four equal payments. The first payment is due on the policy effective date. Subsequent payments may be post-dated in 30-day intervals. If you choose any of our post-dated cheque options, please include a \$10.00 service charge with your first payment.
- If you post-date your payments using online/telephone banking, we will waive the \$10.00 service charge.

| EFT AUTHORIZATION FORM (H1 COMPLIANT) | | Policy number: | | | | |
|---|--------------------------------------|--|---|--|--------------------------------------|---|
| Please see below for the Rights and Obligations provided in accordance with CPA's Rule H1. | | | | | | |
| MY/OUR SIGNATURE CONFIRMS THAT: | | | | | | |
| <ul style="list-style-type: none"> • I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution. • I/We hereby authorize the named financial institution below to debit my/our account for all payments payable to: Elite Insurance Company or any of its associated insurance companies to which my policy may be transferred at a later date (the "Insurer"). • I/We understand that this authorization may be cancelled by me/us upon written notice, at least 15 days before the next scheduled payment. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement, or more information about Pre-Authorized Debiting at my/our financial institution, by visiting www.cdnpay.ca, or through contacting my/our insurance company at www.avivacanada.com. • I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this payment authorization agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca. • I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below. • If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed. • I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1. A second presentation or attempt to withdraw funds</td> <td style="width: 33%;">2. A second withdrawal notice</td> <td style="width: 33%;">3. Cancellation of my/our policy</td> </tr> </table> | | | | 1. A second presentation or attempt to withdraw funds | 2. A second withdrawal notice | 3. Cancellation of my/our policy |
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| <ul style="list-style-type: none"> • I/We have received a copy of this authorization and have read and understand these terms and conditions. • For pre-authorized debits, I/We shall receive, with respect to the debiting of fixed-amount payments, written notice from the Insurer, the amount to be debited and the due date(s) debiting, at least 10 calendar days prior to the date of the first payment, and such notice shall be received each time there is a change in the amount of payment. • The account that my/our financial institution is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization. • I/We undertake to inform my/our Insurer, in writing, of any change in the account information provided in this authorization prior to the next payment due date. • I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently. • I/We authorize my/our Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. I/We authorize my/our Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted above. • I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of my/our insurance premiums, in which case I/we must make other arrangements for payment of my/our insurance premiums. | | | | | | |
| For pre-authorized payment from your bank account: | | | | | | |
| Branch/Transit #: | Bank #: | Bank account #: | Business: <input type="checkbox"/> Personal: <input type="checkbox"/> | | | |
| Name and address of Financial Institution: | | | | | | |
| Signature(s) as shown on bank records: | | | | | | |
| Today's date: | | Preferred payment date (for monthly payment plan): | | | | |