

Payment Authorization Form & Personal Pre-authorized Debit Agreement



Applicant Details	
Applicants Name	
Policy Number	
Policy Effective Date	

Payment Options	
a) Single Payment Option	
Authorized Credit Card Payment Information	Payment amount in full: \$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date
Card Number	M M Y Y
Name as shown on Credit Card	
Card holders signature (if different from authorized signature below)	

b) Monthly Payment Option	
<input type="checkbox"/> Down Payment	Down payment should be equal to two months of premium based on the total policy premium. (Cheque: Certified cheque or Broker's cheque)
Down Payment Amount: \$	
<input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	

<input type="checkbox"/> Monthly Payment	Monthly payment plan additional charges = 3% financing service fee for annual policies and 1.5% financing service fee for 6 month policy, excluding down payment.
Monthly Payment Amount: \$	
<input type="checkbox"/> Pre-Authorized Cheque <input type="checkbox"/> Credit Card	
	ON NB NS PQ
	Monthly payment plan additional charges = 5% financing service fee for annual policies and 5% financing service fee for 6 month policy, excluding down payment.

Monthly Pre-Authorized Chequing Information	<input type="checkbox"/> Attach void cheque
Bank #	Transit #
Account #	
Financial Institution	
Account holders signature (if different from authorized signature below)	

Authorized Credit Card Payment Information	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number	Expiry Date
Name as shown on Credit Card	M M Y Y
Card holders signature (if different from authorized signature below)	

Authorization Signatures	Signature	Date

Consent and Disclosure	
1. 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 or credit card.	
2. I/We hereby authorize the named financial institution above to debit my/our account for all payments payable to Palco Insurance in payment of the insurance premiums and any applicable charges and taxes.	
3. I/We understand that this authorization may be cancelled by me/us upon written notice subject to a period which shall not exceed 30 days. I/We may obtain a cancellation form, or further information on my/our right to cancel a payment authorization agreement, at my/our financial institution or by visiting www.cdnpcy.ca .	
4. I/We have certain recourse rights if any debt does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debt 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 by visiting www.cdnpcy.ca .	
5. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.	
6. If there is a change in premium due to a change in coverage, rate, or upon renewal, the amount of the monthly withdrawal will automatically be changed.	
7. I/We will ensure that funds are available on each due date and understand that discontinued funds transactions may result in one or all of the following:	
a) A second presentation or attempt to withdraw funds 3 to 5 business days later (penalties only to chequeing accounts)	
b) Service charge of \$50.00 + tax (additional bank fees are applicable, as administered by your financial institution)	
c) Cancellation of the policy	
8. For pre-authorized details, only the insured shall receive written notice from the insurer of the amount to be debited and the due date at least 10 calendar days in advance of the first payment and any change in the amount or date of payment.	
9. I/We waive the right to obtain written notice from the insurer of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the first payment, even when there is a change in the amount of payment date(s).	
10. I/We undertake to inform the insurer, in writing, of any change in the account information provided in this authorization, 10 calendar days prior to the next payment date.	
11. I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.	
12. I/We authorize the insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. I/We authorize the 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 noted above.	
13. I/We may obtain a copy of or ask questions about the broker's and the insurer's personal information policies by contacting their respective privacy officers.	
14. 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 insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of the insurance premiums in which case the insured must make other arrangements for payment of the insurance premiums.	
15. I/We have received a copy of this authorization and have read and understand these terms and conditions.	

Signature	Date