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 a chequing privileges with a bank, trust company, credit union or Caisse Populaire or credit card (Visa or MasterCard), To get started simply...

- Complete and sign the authorization form.
- If the payment 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.
- Enclose a payment for 2 months down payable to Pembridge 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:

- Cash
- Money Order or Certified Cheque
- Personal Cheque
- Broker's Cheque
- Visa or MasterCard

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

AUTHORIZATION FORM

I/we authorize Pembridge 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 Pembridge Insurance Company. I/we understand there will be a service charge of $50 (plus tax) if any withdrawal is rejected.

Name(s):	Policy No:
Address:	Postal Code:

I wish to pay through my; ☐ Checking Account, or ☐ Credit Card
(check one)

For **Chequing account** selection , please complete the section below;

Name of Bank:
Account No:
Branch Address:

Account Holder's signature (as required on cheque) Date:

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

Select type of card; ☐ Visa, or ☐ MasterCard

Cardholder's Name: (if different from above)
Address:

Card Number:

Expiry Date (mm/yy):

Cardholder's Signature (as it appears on credit card) Date: