



monthly payment plan application

Contract with Premium Pay Inc.

Monthly Pay Option

17% (2 months) of the premium including any applicable taxes is due immediately and will be withdrawn from your account with the monthly installments thereafter. A 5% service charge applies to the total premium. This payment plan is continuous until cancellation. Any adjustments that would affect your insurance premium will be reflected in your installments and you will be notified with a revised schedule. You may choose your preferred date for payment. To proceed, complete the authorization below.

IMPORTANT: THE ANNUAL PREMIUM IS MINIMUM AND RETAINED UNLESS THE VESSEL HAS BEEN SOLD.

- My preferred date for withdrawals is the [] 7th [] 14th [] 21st [] 28th
REMINDER: N.S.F. payments are subject to a charge of \$35.00. This charge applies to both bank withdrawals and credit card payments. In the event of an N.S.F. on a pre-authorized withdrawal, a second attempt to withdraw funds will be made. In the event of a second defaulted withdrawal, the balance of the account is due immediately.
Please choose either Automatic Bank Withdrawal or Credit Card Payment

Automatic Bank Withdrawal Payment Method

- Important: please attach a blank cheque marked "VOID"

Bank/Financial Institution Authorization

Bank/Financial Institution: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Branch No.: _____ Bank No.: _____ Account No.: _____

Account Holder Name: _____

I, we authorize the above named bank/Financial institution to debit my/our account each month for all payments to Pacific Marine Underwriting Managers Ltd. on payment for my/our insurance premiums which will be collected monthly in advance. The Bank/Financial institution's treatment of each payment will be the same as if I/we had personally issued a cheque authorizing them to deposit and to debit the amount to my/our account. Monthly payment amounts may vary. Any delivery of this authorization to Pacific Marine Underwriting Managers Ltd. constitutes delivery by me/us.

Please note: For joint accounts, all account holders must sign if more than one signature is required on cheques.

Signature(s): _____ Date: _____

Credit Card Payment Method

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Credit Card Number: _____ Expiry Date: _____

Name on Card: _____ CVW Number: _____

Authorized Signature: _____