

## MONTHLY PAYMENT PLAN APPLICATION ~ Contract with Premium Pay Inc.

Automatic Bank Withdrawal or Credit Card Payment - 20% (3 months) of the premium including any applicable taxes, the policy fee and the administration fee of \$25.00 is due immediately and will be withdrawn from your

payment plan is contin in your installments an	uous until cancelled. Transact	r. A 5% service charge applies to the total premium. This tions that would affect your insurance premium will be reflected evised payment schedule. You may choose your preferred date in below.
My preferred	date for withdrawals is the	☐ 7 <sup>th</sup> ☐ 14 <sup>th</sup> ☐ 21 <sup>st</sup> ☐ 28 <sup>th</sup>
credit card payments.	In the event of an N.S.F. on a	e of \$35.00. This charge applies to both bank withdrawals and pre-authorized withdrawal, a second attempt to withdraw ited withdrawal, the balance of the account is due immediately.
	<u>Automatic Bank</u>	x Withdrawal Payment Method
• Important: pl	ease attach a blank cheque n	narked "VOID"
Bank/Financial Institut	tion Authorization	
Bank/Financial Instituti	on:_	
Address: _		City: _
Province:_	-	Postal Code:
Branch No.:	Bank No.: _	Account No.:
Account Holder Name:	-	
Pacific Marine Underw monthly in advance. The personally issued a che payment amounts may	riting Managers Ltd. on paym ne Bank/Financial institution's eque authorizing them to pay y vary. Any delivery of this aut me/us. <b>Please note:</b> For joint	titution to debit my/our account each month for all payments to tent for my/our insurance premiums which will be collected is treatment of each payment will be the same as if I/we had as indicated and to debit the amount to my/our account. Monthly chorization to Pacific Marine Underwriting Managers Ltd. It accounts, all account holders must sign if more than one
Signature(s):_		Date:_
Signature(s):_		Date:_
	<u>Credit (</u>	Card Payment Method
Credit Card Number:		Expiry Date: _
Name on Card:		CVV Number_