Monthly Pay Plan Application



Bank Account Holder				Broker			
TOOKATA PATRICK				CAMBRIAN-HONEYFORD INSURANCE 1408 - 05			
Name(s)				Broker Name Broker #			
2-340 QUEEN ST				1569 REGENT ST SOUTH			
Street and Number				Street and Number			
SUDBURY ON P3B 2K4			4	BRYSON SMITH			
City/Town Prov Postal C			Code	Producer			
Insured			Policy Number		Product Type	Premium	Effective Date
TOOKATA PATRICK			New Application		Private Passenger Auto	\$3,276.00	Jul 17, 2019
MONTHLY PAY			_	_	✓ New Request	Change of Exist	-
\$553.10 \$276.55 Down payment Monthly withdrawal Please of the second se				Finance Fees: \$400.00 or less = \$1.00 per month se withdrawal date \$401.00 or more = 3% of total premium			
Down payment Monthly withdrawal Please choose withdrawal date \$401 (1 - 28)						00 or more = 3% of t	otal premium
Please attach void cheque or bank account verification form and fully complete this form. Must be valid chequing or eligible savings account.							
MY/OUR SIGNATURE CONFIRMS THAT:							
SGI CANADA is part of a group of Companies operating to provide you insurance across Canada. SGI CANADA includes Saskatchewan							
Government Insurance, SGI CANADA Insurance Services Ltd. and Coachman Insurance Company (hereinafter referred to as "SGI CANADA").							
I/WE acknowledge that a reference to SGI CANADA below refers to SGI CANADA or any one of its member Companies 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 account.							
 I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawais from my/our financial institution account. I/We hereby authorize the named financial institution below to debit my/our account for all payments payable to SGI CANADA in payment 							
of the insurance premiums and any applicable charges 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. The payor(s) may obtain a							
- 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. The payor(s) may obtain a sample cancellation form, or further information on their right to cancel a payment authorization agreement, at their financial instituition or by visiting www.cdnpay.ca.							
- 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:							
1. A second presentation or attempt to withdraw funds. 2. Cancellation of my/our payment plan agreement. 3. Cancellation of my/our policy. - I/We have received a copy of this authorization and have read and understand these terms and conditions.							
- I/We acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H1 of the Canadian Payments							
Association: pre-authorized debits I/We agree that, for pre-authorized debits, only the insured shall receive written notice from SGI CANADA of the amount to							
be debited and the due date, at least 10 calendar days prior to the date of the first payment, and any change in the amount or date of the payment.							
- The account that my/our financial instituition 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 SGI CANADA, in writing, of any change in the account information provided in this authorization prior to the							
next payment due date.							
 I/We acknowledge that SGI CANADA is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payors' Authorization including, but not limited to, the amount. 							
- I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.							
 I/We authorize SGI CANADA to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payments of my/our insurance premiums. I/We authorize SGI CANADA 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.							
- I/We may obtain a copy of or ask questions about my/our broker's and SGI CANADA's personal information policies by contacting their							
respective privacy officers.							
 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 payment of my/our insurance 							
premiums, in which case I/we must make	e other arrangements for	r payment o	of my/our in	surance premiur	ns.		
Monthly Pay Plan Authorization							
Signature(s): X	igning Authority			Date:	MM YYYY		
1) Payor/Valid S	igning Authority			DD	MM YYYY		
Χ	igning Authority			Date:	MM YYYY		
2) Payor/Valid S	igning Authority	_		DD	MM YYYY		

Please note that a \$35 Payment Return Fee may apply to any returned payment.