



GENERAL INSURANCE COMPANY

# PAYMENT AUTHORIZATION FORM

<b>INSURANCE COMPANY</b> Echelon General Insurance Company 2680 Matheson Blvd. East, Suite 300 Mississauga, Ontario L4W 0A5 Toll Free: 1-800-324-3566 Fax: 905-214-7883	<b>POLICY NUMBER</b>
<b>INSURED'S FULL NAME AND POSTAL ADDRESS</b>	<b>BROKER'S/AGENT'S FULL NAME AND POSTAL ADDRESS</b>

### CREDIT CARD INFORMATION (Use for payment in full or downpayment only)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	
CARD NUMBER:	<input type="text"/>	INITIAL <b>X</b>
EXPIRY DATE: (MM / YYYY)	<input type="text"/>	
AMOUNT:	\$	

I understand that in the following circumstances a **\$50 service fee will be applied if:**  
 - Credit card is not authorized for the above amount. - Credit card information is incorrect or invalid expiry date.

CARDHOLDER'S SIGNATURE <b>X</b>	NAME AS SHOWN ON CREDIT CARD
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### DIRECT DEBIT INFORMATION (Use for Monthly Payment Plan only)

**MY / OUR SIGNATURE CONFIRMS THAT:**  
 I / We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our bank account.  
 I / We hereby authorize the named financial institution listed below to debit my / our account for all payments payable to **Echelon General Insurance Company** in payment of the insurance premiums and any applicable charges and taxes. I / We understand that my / our bank account will be debited monthly based on the Payment Schedule that will be sent to me / us under separate cover. Echelon will provide the payment Schedule 10 days before the due date of the first withdrawal and it will include both the start date and monthly amount of the debit.  
 I / We understand that this authorization may be cancelled by me / us upon written request, subject to providing notice of 15 days. I / We may obtain a sample cancellation form, or further information on my / our right to cancel a PAD Agreement, at the financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)  
 I / We understand that in the following circumstances a **\$50 service fee will be applied if:**

- Funds are insufficient / or if account is not authorized for the above amount; or account is frozen or closed.
- Chequing information is incorrect; funds are not cleared (available); payment stopped; or cannot trace.

ACCOUNT INFORMATION (Account must provide chequing privileges)	TRANSIT	BANK	ACCOUNT NUMBER	INITIAL <b>X</b>
ACCOUNT HOLDER SIGNATURE <b>X</b>			DATE	
ACCOUNT HOLDER SIGNATURE <b>X</b>			DATE	

If more than one signature is required on cheques issued against this account, all account holders must sign this authorization.  
**ATTACH A VOID CHEQUE**

**Be sure to sign and initial all applicable areas required on the for "X"**

**WE REQUIRE 15 DAYS NOTICE FOR ALL BANKING INFORMATION CHANGES**

These services are for (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Business Use	<b>Requested Payment Date:</b> (DD / MM / YYYY)
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You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)