

Monthly Pre-Authorized Payment Plan

How does the monthly plan work?

- The automatic withdrawals are collected in equal monthly amounts during the policy term.
- The first scheduled withdrawal is the effective month of the policy.
- The last scheduled withdrawal is one month before the expiry month of the policy.
- A new billing notice will be issued when the payment schedule changes.
- A modest service fee will be added to your withdrawals.
- You will receive a revised "Pre-Authorized Debit Agreement – Terms and Conditions" whenever there are changes to your bank account information.

How do you sign up for the monthly plan?

1. Complete, sign, detach and return the authorization form below*
2. Include a sample cheque marked VOID.
3. Return to your broker.

* You may also be asked for a two month down payment.

To contact Client Bill: Phone 1-800-797-4281 or Email: billing@nbfc.com

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* * Policies underwritten by Northbridge General Insurance Corporation, Northbridge Commercial Insurance Corporation or Northbridge Personal Insurance Corporation.

✂ Cut along dotted line.

Authorization Form

Insured's Name: *[Insured's Name]*

Policy #: *[Policy #]*

Customer #: *[Customer #]*

Address: *[Address]*

City/Town: *[City/Town]* Province: *[Province]*

Bank/Financial Institution: *[Bank/Financial Institution]*

Branch Address: *[Branch Address]*

City/Town: *[City/Town]* Province: *[Province]*

Branch #: *[Branch #]*

Bank Account #: *[Bank Account #]*

Print Payor's Name(s): (1) *[Payor 1]*

(2) *[Payor 2]*

Signature(s): (1) *[Signature 1]*

(2) *[Signature 2]*

Date: (1) *[Date]*

(2) *[Date]*

Important: For joint accounts, all payors must sign if more than one signature is required on cheques issued against the account.

Pre-Authorized Debit Agreement – Terms & Conditions

In this Agreement, "Company" shall mean Northbridge General Insurance Corporation, Northbridge Commercial Insurance Corporation or Northbridge Personal Insurance Corporation, whichever is named on my policy

1. In this Agreement, "I", "me" and "my" refer to each account-holder who signs.
2. I agree to participate in this pre-authorized debit plan and I authorize the Company to draw debits (each a "Pre-Authorized Debit"), on paper, electronic or other form on my business account indicated (the "Financial Institution") for the purpose of paying the monthly regular premium instalments, including applicable service charges and taxes, for the Policy number(s) indicated (the "Policy(ies)").
3. I agree that Pre-Authorized Debits to pay the monthly regular premium instalments, including applicable service charges and taxes, for the Policy(ies) indicated, may be drawn on my business account. The Company will, at least ten (10) days before the first Pre-Authorized Debit, provide me with written notice of the amount and payment dates of the Pre-Authorized Debits. **This amount may be increased / decreased at a future date as described in the Policy Declarations issued to me by the Company.** The Company will provide me with at least ten (10) days written notice of any change to the amount or the payment dates of the Pre-Authorized Debits. The Company will obtain my authorization for any one-time or sporadic debit.
4. I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit has been drawn in accordance with this Agreement, including the amount, frequency and fulfilment of purpose of any Pre-Authorized Debit.
5. I may revoke this authorization at any time, subject to delivering ten (10) days written notice of termination to the Company. The Company may notify me at any time that it will no longer accept payment of the insurance premiums by Pre-Authorized Debit. I agree that termination of this Agreement does not terminate any contract of insurance that exists between me and the Company. If this Agreement is terminated or if premiums due are not actually paid hereunder, the regular premiums payable on the Policy(ies) specified will be payable directly to the Company thereafter in accordance with the current minimum premium requirements of the Company. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit Agreement, I may contact my Financial Institution or visit www.cdnpay.ca.
6. I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any Pre-Authorized Debit that is not authorized or is not consistent with this Agreement. I may dispute a Pre-Authorized Debit (a "Disputed Debit") by making a reimbursement claim to the Financial Institution indicating:
 - (i) the Pre-Authorized Debit was not drawn in accordance with this Agreement;
 - (ii) this Agreement was revoked; or
 - (iii) any required notice or confirmation was not given.On receipt of a reimbursement claim from me up to and including ten (10) business days after the date any Disputed Debit was debited from my account, the Financial Institution will on a best efforts basis immediately reimburse me for the amount of the claim. I agree that after this period I shall resolve any dispute that I may have concerning a Pre-Authorized Debit solely with the Company. For more information on my recourse rights, I may contact my Financial Institution or visit www.cdnpay.ca.
7. I agree that delivery of this Agreement to the Company constitutes delivery by me to the Financial Institution.
8. I will inform the Company, in writing, of any change in the account information provided in this Agreement prior to the next due date of a Pre-Authorized Debit.
9. I warrant that all persons whose signatures are required to sign on the account have signed this Agreement.
10. I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Agreement.
11. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s'y rattachant soient rédigés et signés en anglais.

Privacy Disclosure and Consent

I have provided personal banking information for this payment option. I hereby authorize the Company to collect, use and disclose any of this personal information as permitted by law for the purposes necessary to establish and maintain contact with my bank, and facilitate payment of premiums or fees owed by me under my insurance policy.

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☎ 1-800-797-4281

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☒ **Northbridge Financial Corporation**
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