

PREMIUM PAYMENT PRE-AUTHORIZED DEBIT (PAD)

Pre-authorized Financial Institution Account Withdrawals for current and future insurance premiums (annual or additional). Please note that if changes are to be made to the payment information or instalment payment option currently on file, Pro-Demnity must be advised in writing of such changes at least ten (10) days prior to any payment date. If written notice is not received at least ten (10) days prior, premium payments will be processed using the payment information currently on file. To revoke your authorization or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

1. TYPE OF PAYMENT

This payment authorization form is to apply to **Professional Liability** insurance premiums, including annual insurance premiums, additional premiums, and applicable taxes.

2. PAYMENT PLAN

Choose **one** of the following payment plans. Your withdrawal dates will depend on the payment plan you choose. You will see your specific due dates and amount(s) on your invoice.

- Lump Sum** (single payment on the invoice due date, i.e. 15 days from the date of the invoice or the following business day)
- Two Instalments** (are payable every 6 months on the scheduled due dates on Option II of the invoice)
- Four Instalments** (are payable every 3 months on the scheduled due dates on Option III of the invoice)
- Six Instalments** (are payable every 2 months on the scheduled due dates on Option IV of the invoice)

3. METHOD OF PAYMENT

Pre-Authorized Bank Account Withdrawal
Name of holder on the Certificate of Practice:

Type of service: **Business**

Account Number (4 digit shown below the invoice number): _____

Address: _____

Phone Number: _____ email address: _____

Contact person: _____

Bank Account Number: _____ Branch Transit Number _____

Financial Institution Number: _____ Financial Institution Name: _____

Branch address: _____

4. PREMIUM PAYMENT AUTHORIZATION

In accordance with the payment method indicated in section 3 above, the payor authorizes Pro-Demnity Insurance Company (Pro-Demnity) to withdraw from the designated account and financial institution, the insurance premiums (including applicable taxes) indicated in section 1, based on the instalment option indicated in section 2. This Authorization Form shall apply to the current POLICY PERIOD and shall continue to be used for any and all future renewals or endorsements thereof with the same instalment option for the coverage(s) indicated in section 1 without further authorization by the payor so long as the payor so elects. The payor has read and understands the foregoing and the following terms and conditions:

1. The payor hereby certifies that the information provided in this Authorization Form is correct.
2. The payor hereby certifies that the designated financial institution account is in good standing, with sufficient funds to cover the payments as they become due and that all person(s) required to sign this Authorization Form has/have signed.
3. All payments will be drawn on Canadian financial institutions only and will be withdrawn in Canadian funds.
4. The payor acknowledges that Pro-Demnity may use and disclose their respective information referenced in this Authorization Form to the financial institutions involved in the payment process.
5. The payor acknowledges that the payment amount is variable. The payor waives any requirement that Pro-Demnity give pre-notification of any payment amount.

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| Name of holder of Certificate of Practice | | Date (mm/dd/yyyy) |
| Authorized Signature | Name | Title |
| Authorized Signature | Name | Title |

The payor has certain recourse rights if any debit does not comply with this agreement. For example, the payor has 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.payments.ca.

Scan a blank cheque marked "VOID" and include it with this completed form in an email to christelw@prodemnity.com if paying by pre-authorized financial institution account payment.

For more information, please contact Pro-Demnity Insurance Company at 416-386-1770 x 261; or by email at christelw@prodemnity.com.