

APPLICATION FOR PREMIUM PAYMENT PROGRAM FOR PLACES OF WORSHIP

Ecclesiastical Insurance Office plc



Your Broker is _____

For purposes of the Insurance Companies Act (Canada) this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business of Canada.

How it works

A down payment, equal to two installments (as calculated below) is required with your application. Commencing 30 days from the effective date of the policy, monthly installments will be debited directly from your financial institution account. A payment schedule, along with your policy, will be sent to you through your broker. You will be advised of any payment changes resulting from an endorsement or renewal.

The last monthly installment is debited 60 days prior to the expiry date of the policy. Upon renewal of the policy, the first installment is debited 30 days prior to the renewal effective date. There is a \$25.00 fee for payments returned NSF from your financial institution, in addition to any fees charged by your financial institution.

How to sign up

Please complete this application when you accept your quotation. Send it to your broker, along with a sample cheque marked "VOID" and your down-payment cheque, payable to Ecclesiastical Insurance Office plc.

Please note that post-dated cheques will not be accepted

Remember to complete all sections— an incomplete application will be returned

Type of Service			Personal	Business
Example			Your Payment Calculation	
Policy Premium	\$ 1,000.00	Premium to finance	\$	A
Sales Tax, if applicable*	MB 8%	\$ 80.00	MB 8%	\$
	NL 15%		NL 15%	
	ON 8%		ON 8%	
	QC 9%		QC 9%	
	SK 6%		SK 6%	
Subtotal	\$1,000+\$80 \$ 1,080.00	Subtotal to Finance	A+B \$	C
Finance Fee	\$0.00 \$ 0.00	Finance Fee	C \$	D
Total Amount Owing	\$ 1,123.20	Total Amount Owing	C+D \$	E
Monthly Payment	$\$1,123.20 \div 12$ \$ 93.60	Monthly Payment	$E \div 12$ \$	F
Down-payment	$\$93.60 \times 2$ \$ 187.20	Down-payment	$F \times 2$ \$	

Terms and Conditions

I authorize the payee to debit my account as indicated on the attached "void" cheque under the terms and conditions agreed to by me with the payee until such time as written notice to the contrary is given, provided this notification is given at least 15 days prior to the next scheduled debit. For more information on my right to cancel the PAP agreement or to obtain a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca.

I acknowledge that delivery of my authorization to the payee constitutes delivery by me to the branch of the financial institution at which I maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does /may not terminate the contract for goods and services exchanged.

I acknowledge that the payee has the right in its sole discretion to terminate my authorization if, through no fault of its own, the payee is unable to debit the account in the full amount specified in the authorization on any due date.

I will notify the payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items changed under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 90 days.

- a) I never provided authorization to the payee.
- b) My pre-authorized debit was not drawn in accordance with my authorization.
- c) My authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee. I warrant that all persons whose signatures are required to sign on this account have signed this agreement.

I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any PAP that is not authorized or is not consistent with the terms of this PAP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Customer/ Certificate #			
Name			Phone
Address			
City	Province	Postal Code	
Financial Institution			
Signature*			Date
Signature			Date
Signature			Date

*For a joint account, all depositors must sign if more than one signature is required on cheques issues against the account.

To the Financial Institution: I authorize the above named financial institution to process a debit, in paper, electronic or other form in the amount as listed above to my account. I acknowledge that I have read and understood all the provisions contained in the Terms and Conditions for Pre-Authorized Payments and that I have received a copy.

Ecclesiastical Insurance Office plc

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