USBORNE & HIBBERT MUTUAL FIRE INSURANCE COMPANY

507 MAIN STREET.S, EXETER, ONTARIO NOM 151
(519) 235-0350 www.usborneandhibbert.ca

AUTHORIZATION FOR PRE-AUTHORIZED CREDIT CARD DEBITS ("PADS")

I/we authorize Usborne and Hibbert Mutual Fire Insurance Company Mutual and the credit card designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for annual or quarterly recurring payments and/or one-time payments from time to time, for payment of insurance premium. Annual or quarterly payments for the full amount of premium plus taxes will be debited to my/our credit card on the **twenty-second day** of the month. Usborne and Hibbert Mutual Fire Insurance Company will provide 10 days written notice of the amount of each regular debit. All amounts debited will be in Canadian funds.

This authority is to remain in effect until Usborne and Hibbert Mutual Fire Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Usborne and Hibbert Mutual Fire Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

1. Payor's name and address (please print)

Name	Home Telephone #	Business Telephone #	Email address
Mailing Address	**City/Town**	**Province**	**Postal Code**

Insurance Policy Number	Client Number

2. Type of Insurance Policy

This is an insurance policy related to the payor's (check one):
Personal Property _____ Business Property _____ Farm Property _____

3. Payment Interval – on the 22nd day

□ Annual □ Quarterly **(A $35.00 installment fee is charged and is due on the 1st payment)**

4. Financial Institution and Account Information (please print):

Exact Name on Credit Card	Type of Credit Card
	☐Visa ☐Mastercard

Card Number	Expiry Date	Security Code

AUTHORIZED SIGNATURE(S): _____

_____ DATE: _____