



Phone: (780) 448-0645
Toll Free: 1-800-416-4082

AUTOGLASS POLICY MONTHLY PAYMENT PLAN

Please note that the funds will be withdrawn by AUTOGLAS MAINTENANCE INC.

PRE-AUTHORIZED MONTHLY CHEQUING PLAN (PAC)

The monthly payment plan permits your clients to pay their insurance premium monthly over the term of the policy. Premiums are automatically collected monthly from the client's bank account, by means of electronic deduction and can be arranged through Canadian Banks, Trust Companies, Credit Unions, or any other financial organization where your client has chequing privileges.

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 financial institution account.
I/We hereby authorize the named financial institution below to debit my/our account for all payments payable to: Autoglas Maintenance Inc. in payment of the insurance premiums and any applicable charges and taxes.
I/We understand that this authorization may be cancelled by me/us upon written notice. All premiums are minimum retained and refunded only at AMI's discretion.
I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.
If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.
I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following:

- 1. A second presentation or attempt to withdraw funds
2. A second withdrawal notice
3. Cancellation of my/our policy

- I/We have received a copy of this authorization and have read and understand these terms and conditions. Once financing is in place, no other payment method can be combined on the policy until the next renewal date or if the premium is paid out in full.
I/We acknowledge that this authorization concerns only pre-authorized debits in the following category in accordance with Rule H1 of the Canadian Payments Association: pre-authorized debits.
The account that my/our financial institution is authorized to draw upon is indicated below. A specimen cheque has been marked "VOID" and attached to this authorization.
I/We acknowledge that AMI is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
I/We consent to AMI's disclosure to their financial institution of any personal information that may be contained in this authorization form, as far as any such disclosure of personal information is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted below.

ELIGIBILITY:

A Premium Payment Plan Form must be completed and attached to a policy or application.

- A service fee of \$30 will apply per vehicle after the calculation of all premiums and discounts.
Complete the authorization form and have the applicant/insured sign it. All authorization forms must be accompanied by a sample "VOID" cheque.
All authorization forms must be received within 7 days of the policy inception date. AMI will issue a finance schedule upon receipt which will be mailed directly to both the client and brokerage, disclosing when the down payment and regular installments will commence.
Installments are withdrawn on the same day as the effective date of the policy, unless the client chooses a specific withdrawal date.

Example:

Table with 2 columns: Description and Amount. Includes Policy Premium (\$186.00), Service Fee (\$30.00/vehicle), Total (\$216.00), 12 Months (\$18.00/month), Down payment (2 months) (\$36.00), First Payment (\$18.00), and 10th Payment (\$18.00).

CHANGING BANK INFORMATION:

In the event that a client changes their chequing account number, or transfers to a different financial institution, a new "VOID" cheque needs to be sent to AMI at least 15 days prior to the next installment.

ADDITIONAL PREMIUM:

If an additional premium is generated mid term, the remaining installments will be increased accordingly.

NON-SUFFICIENT FUNDS:

A payment returned/rejected will result in a \$25 administration fee. If a second consecutive attempt (within 12 months) to collect a withdrawal also results in returned/rejected payment, the policy will be cancelled by registered letter immediately.

RENEWALS:

Renewals are continuous and if the insured does not accept renewal, the renewal documents must be returned by the renewal effective date to allow flat cancellation. Any premium collected will be refunded to the insured if/when the installment has cleared.

COMMISSION:

Commission will only be paid on the policy premium. There is NO commission payable on the Service Fee.

PAYMENT AUTHORIZATION CARD

Form fields for Payment Authorization Card including: BROKERAGE, POLICY NUMBER, NAME, ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, BANK/FINANCIAL INSTITUTION NAME, ACCOUNT NO, INSTITUTION NO, BRANCH TRANSIT NO, PREFERRED DAY OF THE MONTH FOR WITHDRAWAL, and a statement: I/We have read the conditions and authorize direct withdrawal from my/our account.

Payor Signature(s): _____ Date: _____
(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account)

PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID"