



Payment Authorization Form

New request
 Change of information

1 Applicant's Contact Information			
Name (Please print)			
Mailing Address		City/Town	Postal Code
Policy Number	Home Telephone Number	Business Telephone Number	Email address

2 Method of Payment	<input type="checkbox"/> Monthly Payment Plan (Pre-Authorized Debit or Credit Card) <input type="checkbox"/> Direct Bill – 1 Pay <input type="checkbox"/> Direct Bill – 2 Pay (50% and 50%) <input type="checkbox"/> Direct Bill – 3 Pay (40%, 30% and 30%)
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3(A) Bank Account Information (not available for Direct Bill) – A specimen cheque has been marked "VOID" and attached to this authorization.			
Name of Account Holder(s)			
Name of Financial Institution	Institution Number	Branch Number	Account Number
Branch Address:	City/Town	Province	Postal Code
Account Holder's Signature (if different from authorized signature below)		Account Holder's Signature (if different from authorized signature below)	

3(B) Credit Card Information (Direct Bill full payment or monthly payment plan - credit card)			
Cardholder Name (As it appears on the Credit Card)			
Credit Card Type		Credit Card Number	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date	CVC – 3 digit code found on the back of the card	Cardholder's Signature (if different from authorized signature below)	Date
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>M M / Y Y</small>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

4 Payment Details – Monthly Payment Plan Only		
Down payment: <input type="checkbox"/> Included with application <input type="checkbox"/> Include with first withdrawal	Type of Insurance Policy - This is an insurance policy related to the payor's (Check one): <input type="checkbox"/> Personal Property and/or Automobile <input type="checkbox"/> Business Property and/or Automobile	Preferred withdrawal date (Monthly payment plan only): (1st - 28th only) _____ <small>Default is the policy effective day. If the date is the 29th, 30th or 31st, payment will be defaulted to Insurer's closest standard withdrawal date.</small>

5 Consent and Disclosure		
MY/OUR SIGNATURE CONFIRMS THAT:		
<ul style="list-style-type: none"> 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 or my/our credit card. I/We authorize Heartland Farm Mutual and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for all payments of insurance premium, and any applicable charges and taxes. Regular monthly payments will be debited to my/our specified account and or charged to my/our credit card on the day specified above, or the next business day. Heartland Farm Mutual will provide 10 (ten) days written notice of the amount of each regular debit. If there is a change in premium due to a change in coverage rating or upon renewal, the amount of my/our monthly withdrawal will automatically be changed and withdrawal amounts may vary. This authority is to remain in effect until Heartland Farm Mutual 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 below. 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. I/We undertake to inform my/our insurer, in writing, of any change in the account information provided in this authorization at least 10 days prior to the next payment due date. 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. I/We acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H1 of the Canadian Payment Association: pre-authorized debits. I/We authorize my/our Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. I/We authorize my/our Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted above. Heartland Farm Mutual 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 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: <ul style="list-style-type: none"> 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. 		

<i>I AM/WE ARE AWARE THAT IF A PAYMENT IS NOT HONOURED, I/WE RISK CANCELLATION OF MY/OUR POLICY AND I/WE MAY BE REQUIRED TO PAY A TRANSACTION FEE.</i>	
Authorized/Insured's Signature	Date
Authorized/Insured's Signature	Date