

4. PAYMENT - Please select only one method of payment (A, B or C). The first premium will be withdrawn on receipt of your application.

A. <input type="checkbox"/> CREDIT CARD PAYMENT	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	<input type="checkbox"/> Amex <input type="checkbox"/> Master Card <input type="checkbox"/> VISA	Signature of Cardholder:		
	Card Number			Expiry Date:	M Y
B. <input type="checkbox"/> ANNUAL CHEQUE	Please attach a cheque payable to ONTARIO BLUE CROSS . (monthly rate x 12)				
C. <input type="checkbox"/> MONTHLY AUTOMATIC BANK WITHDRAWALS	Please complete sections 3 and 4 of the pre-authorized debit (PAD) agreement and attach a void cheque.				
Following approval of your application, subsequent payments will be withdrawn on the policy effective date each month following, unless an alternate date has been selected for subsequent payments, for automatic bank withdrawals only.					

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Sections 1 and 2 are to be completed if you are not attaching a void cheque.

FOR ADMINISTRATION ONLY

Contract no. _____ Insured's name _____

1. PAYOR INFORMATION (PLEASE PRINT)

Last and first names of depositors
Account holder name _____ First name _____
Joint account holder name _____ First name _____
Address _____ Apt _____
City _____ Province _____ Postal code _____ - _____
Telephone (____) _____ - _____ Cell (____) _____ - _____ E-mail _____

2. BANK ACCOUNT INFORMATION

TYPE OF SERVICE: PERSONAL

Financial institution _____
Address _____ Street _____
City _____ Province _____ Postal code _____ - _____
Institution no. | | | | Branch transit no. | | | | | Account no. | | | | |

3. AUTHORIZATION OF PRE-AUTHORIZED DEBIT (PAD)

- 1. I, the undersigned, hereby authorize Ontario Blue Cross, hereinafter called the Insurer, to debit my bank account identified above monthly, on the date below or the following business day, for the sum of \$ _____, in payment of my insurance contract. If no date is entered, I understand that the date may be determined by Ontario Blue Cross without giving me prior notice.
Desired withdrawal date: _____ (excluding the 29th, 30th and 31st).
I have attached a sample cheque.
I authorize Ontario Blue Cross to debit my bank account for a one-time amount when required for the payment of amounts owing in respect of my insurance policy, including service fees and applicable taxes. I understand that, for the purposes of this Agreement, all pre-authorized debits (PAD) withdrawn from my account are fixed or variable-amount personal PADs.
- 2. I understand that the amount of the PAD may be increased or decreased at a later date as a result of insurance policy endorsements, exclusions or renewal. I understand that Ontario Blue Cross is required to send me prior notice of thirty (30) days only for the renewal of my policy.
- 3. I understand that if a PAD is returned due to insufficient funds, the Insurer may resubmit the PAD amount to my financial institution. I accept that any related service charges incurred as a result of the returned PAD will be added to the subsequent PAD.
- 4. I understand that I must notify Ontario Blue Cross in writing of any changes to the information regarding the above-mentioned bank account at least ten (10) business days prior to a PAD.
- 5. I understand that I may modify the method or frequency of payment of my insurance premium by contacting the Customer Service department at 1 866 722-3444. I understand that, following a change I have requested to my insurance policy or this Agreement that changes the amount of my PAD, **Ontario Blue Cross is not required to notify me prior to withdrawal of the new PAD.**
- 6. I understand that I may revoke this authorization at any time subject to providing ten (10) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.
- 7. I understand that Ontario Blue Cross may cancel this Agreement upon thirty (30) days written notice, that such cancellation will not terminate my insurance policy and that an alternative method of payment accepted by Ontario Blue Cross will replace the PAD for the payment of my premiums.
- 8. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

4. SIGNATURE



SIGNATURE OF THE ACCOUNT HOLDER

NAME

DATED (DAY/MONTH/YEAR)



SIGNATURE OF JOINT ACCOUNT HOLDER
(if applicable)

NAME

DATED (DAY/MONTH/YEAR)