

Debit Payment Plan Authorization Form

Wynward offers payment of your insurance premium by pre-authorized debit payments, with options to pay either the full annual amount or in equal monthly installments. A non-refundable processing fee of 3% will be charged on the monthly payment option.

Any increases in the policy premium will automatically be applied to your pre-authorized payment plan. This applies to both annual and monthly pre-authorized plans. Please provide an unsigned "VOID" cheque and this authorization form to your broker.

POLICYHOLDER INFORMATION

Named Insured _____

Policy Number _____

Address _____

Phone _____

PAYMENT INFORMATION

Select your payment frequency

- Annual
- Monthly

Select your type of account

- Business
- Personal

Financial Institution Name _____

Financial Institution Address _____

Financial Institution Transit Number _____

Financial Institution Account Number _____

AUTHORIZATION

I/We authorize Wynward Insurance Group 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 monthly regular recurring payments and/or one-time payment from time to time, for payment of all charges in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that Wynward Insurance Group reserves the right to adjust the debit to reflect any change. Unless I/we have requested a change to my/our insurance, notice of a debit change will be sent to me/us at least 10 days prior to the next scheduled withdrawal date. I/We understand that Wynward Insurance Group is not liable for any service charges levied by my/our financial institution. I/We will notify Wynward Insurance Group in writing of any changes in my/our account information or termination of this authorization at least 15 business days prior to the next date of the pre-authorized debit. If a payment is returned NSF, I/we understand that Wynward Insurance Group will charge a \$35 NSF fee which will be withdrawn from my/our account. If subsequent payment(s) are returned NSF, I/we understand that my/our insurance policy may be cancelled. 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 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. Wynward Insurance Group will make every effort to inform me/us in advance of any change. In the case of a policy cancellation, I/We hereby authorize Wynward to draw on my/our account with my/our financial institution, for the purpose of paying any outstanding premiums at the time of cancellation.

Signature _____

Name _____

Date _____

ABOUT WYNWARD

For over a century, Wynward has been providing insurance products, risk management advice, and claims customer service for Canadian businesses. Wynward is proud to be a 100% Canadian owned company that is committed to meeting the diverse and evolving needs of customers.

Wynward proudly carries a Financial Strength Rating of A (Excellent) from A.M. Best Company Inc. and is a Full Partner in the Broker Identity Program in support of the Insurance Brokers Association of Canada.

HEAD OFFICE CONTACT INFORMATION

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