

## Conditions of Automatic Monthly Withdrawal

- I/We hereby authorize the named bank/financial institution to debit my/our account identified overleaf each consecutive month for all payments payable to The Sovereign General Insurance Company, in payment of my/our insurance premiums and applicable taxes\* and administration fees. The bank's/financial institution's treatment of each payment will be the same as if I/we had personally issued a cheque authorizing them to pay as indicated and to debit the amount specified to my/our account.
- Payment amounts may vary.
- Any delivery of this authorization to The Sovereign General Insurance Company constitutes delivery by me/us.
- I/We will ensure that funds are available at time of withdrawal.
- I/We understand that an administration fee is applicable, and in the event of an unsuccessful withdrawal, the policy may be cancelled.
- I/We will provide a minimum 30 days notice, prior to the next scheduled withdrawal date to The Sovereign General Insurance Company advising of any changes in banking information.
- I/We will notify Sovereign General Insurance Company if I/we no longer wish to take advantage of the Automatic Monthly Withdrawal Plan. Sovereign requires 14 (fourteen) days notice to stop your withdrawals.
- Recourse Statement:  
You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD\*\* Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
- Payer's Rights of Dispute:  
You may dispute an EFT if (i) it was not drawn in accordance with this authorization, or (ii) you have cancelled this authorization. In order to be reimbursed for a disputed EFT, you must deliver a written declaration that either (i) or (ii) above took place, to the EFT Institution within 90 days for 10 business days in the case of a Business EFT) after the date that the disputed EFT was posted to the EFT Account, otherwise the disputed EFT must be resolved between you and us.

\* For Ontario, Quebec  
\*\* Pre-Authorized Debits

## THE SOVEREIGN GENERAL INSURANCE COMPANY

HEAD OFFICE  
Sovereign Centre  
6700 Macleod Trail SE  
Calgary, Alberta T2H 0L3  
Tel: (403) 298-4200  
Fax: (403) 298-4217

[www.sovereigngeneral.com](http://www.sovereigngeneral.com)

### Account Status

For Canada-wide service in English, call (403) 298-4230, or toll-free 1-866-244-4446.  
For French language service, call toll-free 1-866-244-4445.

*The Sovereign is one of the major commercial insurers in Canada, dealing exclusively with independent agents and brokers. It is also a member of The Co-operators Group of Companies, giving it access to resources one would expect from the largest Canadian-owned property and casualty insurer.*

*The Sovereign General is headquartered in Calgary, Alberta, with branch offices in major centres from coast to coast.*

## DirectPay

Direct Premium Payment Options from  
The Sovereign General Insurance Company

THE SOVEREIGN  
GENERAL INSURANCE COMPANY

A member of The Co-operators group of companies

# Direct Pay

Direct Premium Payment Options from The Sovereign General Insurance Company

There are a number of convenient ways to pay your insurance premium with The Sovereign. Choose the method most suitable for you.

## A. Cheque or Credit Card

No service fees. Single payment only. Simply write us a cheque for the full annual premium, plus sales tax where applicable\*, and don't worry about it again until next year or, you can pay by VISA or MasterCard. (Just complete the credit card portion of the attached Authorization Form).

*Note: New credit card authorization is required for each transaction including additional premiums and renewals. Please note that payment for additional premiums and renewals are due 30 days from the date the documents have been issued.*



## B. Automatic Withdrawals (EFT)

*(Applicable to personal/household and business Pre-Authorized Debits)*

All we need is:

- a completed Authorization Form and
- a voided, personalized cheque

## Policy Changes

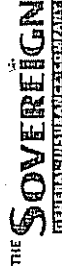
Mid-term revisions to your policy that cause a premium change will be reflected in future withdrawals. A notice will be sent to you advising of the new amount. However, changes after your last regular withdrawal will result either in a refund from us or a separate automatic withdrawal. If there is an additional premium owing a notice will be sent to you advising you of the date and amount of the withdrawal.

## Policy Renewal

Your withdrawals will not be interrupted by the upcoming expiry of your policy; they will just continue on unless you advise us or your broker in writing that renewal will not be required.

## Service Administration Fees

- Single Payment (Automatic Withdrawal)
  - No service fee
- Three or Four Consecutive Monthly Payments (Automatic Withdrawal)
  - 2% service fee on each payment
- Twelve Consecutive Monthly Payments (Automatic Withdrawal)
  - 3% service fee on each payment
- Unsuccessful Withdrawal (NSF)
  - \$20.00 administration fee



\* For Ontario, Quebec

## Authorization Form

*This form has been designed to meet the standards established by the Canadian Payments Association. Failure to accurately complete this form constitutes a violation of these standards and could result in a delay in the processing of your payment.*

New Contract  Change of Bank Information  Renewal

POLICY NUMBER(S)

NAME OF INSURED (AS SHOWN ON POLICY)

STREET ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

BROKER'S NAME

## A. Cheque or Credit Card (choose one)

(Due at time of application)

Payment by Cheque

Attach cheque for full policy premium, plus sales tax where applicable\*, payable to:

The Sovereign General Insurance Company

Payment by Credit Card

VISA  MasterCard

NAME AS IT APPEARS ON CARD

CARD #

EXPIRY DATE

AUTHORIZATION SIGNATURE



## B. Automatic Withdrawals

Voided, personalized cheque enclosed

Choose # of Payments

12x  4x  3x  1x

PREFERRED MONTHLY WITHDRAWAL DATE

*Note: Select a day of the month which allows the first withdrawal to be made up to 15 days after your policy inception (effective) date. Please note that withdrawals are based upon your policy effective date. Catch up payments will be taken, if required, from your first withdrawal.*

*We have read the conditions overleaf and authorize direct withdrawal from my/our account. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.*

PAYOR SIGNATURE(S)

PAYOR SIGNATURE(S)

DATE (MONTH / DAY / YEAR)

Detach Here