



# Pre-Authorized Payment Form

## POLICYHOLDER INFORMATION

FIRST NAME

LAST NAME

POLICY NUMBER

ADDRESS

### FOR CUSTOMERS PAYING VIA BANK WITHDRAWAL ONLY

(Also known as Pre-Authorized Debit, PAD, Electronic Funds Transfer, or EFT)

Name of Financial Institution

Transit Number

Bank Number

Account Number

Account Type

Personal

Business

### FOR CUSTOMERS PAYING VIA CREDIT CARD ONLY

Last 4 Digits of Credit Card Number

**DO NOT INCLUDE ALL OF YOUR CREDIT CARD DETAILS IN THIS FORM - ONLY INCLUDE THE LAST 4 DIGITS OF YOUR CREDIT CARD NUMBER.**

PLEASE PROVIDE FULL CREDIT CARD DETAILS TO YOUR INSURANCE BROKER FOR PAYMENT.

## PAYMENT FREQUENCY

Annual\*

Quarterly (3% service fee with a minimum service charge of \$5 applies per transaction)\*

Monthly (3% service fee with a minimum service charge of \$2 applies per transaction)\*

\*Will automatically be charged upon renewal of your policy

## SIGNATURE

Authorized Signature(s)

Date

I/we confirm that I/we have carefully read and understood the following Billing Terms (together with this preauthorized payment form, the 'Agreement') applicable to my/our selected payment method and the terms applicable to all payment methods, and that I/we hereby agree to be bound by such Agreement.



## Payment Method via Bank Withdrawal:

- I/We authorize Max Insurance 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 regular recurring payments as acknowledged in this Agreement, for payment of all charges arising under my/our insurance policy purchase with Max Insurance (each applicable insurance policy, a "Max Insurance Policy").
- I/We understand that the full amount of all pre-authorized payments will be debited to my/our specific account on an agreed upon frequency as indicated in the pre-authorized payment form above.
- 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 pre-authorized debit that is not authorized or is not consistent with this Agreement (a "Reimbursement Claim"). To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we acknowledge that I/we may contact my/our financial institution or visit: [www.payments.ca](http://www.payments.ca).
- **I/We understand if there is a change in premiums due to a change in coverage or upon renewal of my/our Max Insurance Policy, the amount of my/our pre-authorized payments will automatically be changed by Max Insurance as outlined in my/our Billing Account Statement and the terms of this Agreement will continue to apply (subject to the terms hereof).**
- I/We understand that if I/we elect to cancel this Agreement on the terms provided below, I/we may obtain a sample cancellation form, along with additional information regarding my/our right to cancel this Agreement, by contacting my/our financial institution or by visiting: [www.payments.ca](http://www.payments.ca).

## Payment Method via Credit Card:

- I/We authorize Max Insurance to store the credit card information provided with my/our insurance policy purchase with Max Insurance (each applicable insurance policy, a "Max Insurance Policy") or provided as payment information in connection therewith (as may be updated from time to time, "the Stored Credential").
- I/We understand Max Insurance will (directly or through a third-party payment processor) retain the Stored Credential and I/we may obtain our Stored Credential upon written request.
- **I/We understand the terms and conditions of my/our scheduled payment plan with Max Insurance and I/we authorize Max Insurance to make recurring charges to the Stored Credential for payment amounts I/we have authorized or authorize from time-to-time as acknowledged in this Agreement and, if necessary, initiate adjustments for any transactions contemplated in connection with my/our Max Insurance Policy in accordance with this Agreement.**
- I/We authorize Max Insurance to charge the Stored Credential in the amount of my/our total term premium as provided in my/our Max Insurance Policy, plus all applicable taxes and associated service fees (all as shown on my/our Billing Account Statement), according to the payment frequency I/we select or have selected as indicated in the pre-authorized payment form above.
- I/We understand the amounts charged to the Stored Credential may vary if changes occur to my/our Max Insurance Policy (including the applicable policy premium), which will be outlined in my/our Billing Account Statement and, in such event, the terms of this Agreement will continue to apply (subject to the terms hereof).
- I/We will ensure that sufficient funds are available on each payment due date associated with my/our Max Insurance Policy and understand that, in the event there are non-sufficient funds available for such payment when any attempted transaction associated therewith occurs, a \$35.00 fee may apply.

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## Applicable to All Payment Methods:

- I/We certify that all payment information provided herein is accurate and complete.
- I/We warrant and guarantee that all persons whose signatures are required to authorize this Agreement and any payments contemplated herein have signed this Agreement and that all persons signing this Agreement have read and understand the terms of this Agreement and are persons with signing authority on my/our pre-authorized payment account.
- I/We understand that, subject to the termination conditions provided herein, the recurring payments authorized under this Agreement shall remain in effect until Max Insurance has received notification from me/us of any changes to the status of my/our Max Insurance Policy through my/our insurance broker. Unless otherwise set forth in my/our Max Insurance Policy, this notification must be received by Max Insurance at least ten (10) business days before the next payment due date associated with my/our Max Insurance Policy.
- If my/our banking or credit card information (as applicable) is changed or updated at any time hereafter, I/we understand and agree that the pre-authorized payment terms we have selected in this Agreement shall continue to apply and will provide notice of such changes at least ten (10) business days before the next payment due date associated with my/our Max Insurance Policy.
- I/We understand if I/we make changes to, or are asked to update, my/our payment method or information, I/we may be required to consent to a revised or updated recurring payment agreement or similar agreement with Max Insurance at that time, which revised or updated recurring payment agreement, or similar agreement, shall replace and supersede this Agreement in all respects and this Agreement shall be immediately terminated notwithstanding any other terms hereof.
- **I/We acknowledge and agree that the pre-authorized payments authorized in this Agreement are continuous and will automatically apply to the renewal terms of my/our Max Insurance Policy, unless I/we have instructed differently in writing.**
- I/We acknowledge and agree that this Agreement will expire when BOTH of the following conditions are met: (1) termination of my/our applicable Max Insurance Policy; and (2) receipt of payment in full by Max Insurance of all outstanding balances associated with my/our Max Insurance Policy (as shown on my/our Billing Account Statement).
- I/We understand that I/we may cancel this Agreement at any time by submitting written notice of my/our desire to cancel this Agreement upon 30 days advanced written notice.
- **I/We acknowledge and agree that if I/we elect to cancel this Agreement (1) I/we must make other arrangements for payment of all amounts associated with my/our Max Insurance Policy, and (2) cancellation of this Agreement will not terminate my/our Max Insurance Policy or any other contract I/we have with Max Insurance.**
- I/We understand that any outstanding balance, as shown on my/our Billing Account Statement with Max Insurance, will deem this Agreement to be in effect notwithstanding whether I/we have an effective, ongoing, insurance policy with Max Insurance.
- I/We understand that, unless explicitly provided herein, this Agreement shall survive termination of my/our Max Insurance Policy and shall remain in effect if my/our Max Insurance Policy is terminated and subsequently reinstated for any reason.
- I/We acknowledge and agree that if a credit is owed to me/us from Max Insurance, the credit will (1) be applied to any outstanding balance owed on my/our Billing Account Statement, and thereafter, (2) any remaining credit amount will be refunded to me/us; provided that, if I/we elected to authorize monthly payments on the pre-authorized payment form above, such credited amount may be applied to upcoming monthly payments incurred in accordance with my/our Max Insurance Policy.
- **I/We waive the right to receive further notice of the amount and date of each pre-authorized payment authorized by this Agreement.**
- I/We understand Max Insurance cannot be held liable for any service charges levied by my/our financial institution and I/we hereby agree to be solely liable for any such service charges incurred in connection with this Agreement.
- I/We understand that I/we can obtain further details on how Max Insurance protects and handles my/our personal information by visiting the Legal & Privacy page of Max Insurance's website at [www.maxinsurance.ca](http://www.maxinsurance.ca).
- I/We acknowledge and agree that Max Insurance may amend, update, or revise this Agreement (in its sole discretion).
- **I/We waive the right to receive a copy of any amendments, updates, or revisions to this Agreement and I/we understand that I/we may obtain a copy of the foregoing by visiting the Pay My Bill page of Max Insurance's website at [www.maxinsurance.ca](http://www.maxinsurance.ca).**
- I/We agree the currency for all charges, refunds, and/or credits processed pursuant to this Agreement shall be Canadian Dollars.
- **I/We understand and agree that any notifications or requests to Max Insurance regarding this Agreement should be sent through my/our insurance broker.**

Max Insurance - 50 Queen St N Suite 710 - Kitchener ON N2H 6P4 - 877.770.7729 - [payments@maxinsurance.ca](mailto:payments@maxinsurance.ca)

Last Updated - January 16, 2023