



AXIOM
MUTUAL INSURANCE COMPANY

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79 Caradoc Street North, Strathroy, ON, N7G 2M5
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519 236 4381
519 246 1132

Toll Free 1 877 807 3812
Toll Free 1 888 868 5064

Payment Plan Authorization Form - Credit Card

Insured Member(s) Full Name & Address:	Policy Number:
	Policy Effective Date:
	Advisor/Broker Name:
	<input type="checkbox"/> Personal Policy <input type="checkbox"/> Business Policy
Phone Number:	Email Address:

Axiom Mutual Insurance Company offers several payment options for your convenience. Please note changes to your payment option are only available at time of renewal.

Non-payment plan methods include: return mail or in person with cash, cheque, debit or credit card to either office location. Over the phone by credit card, internet banking, e-transfers to payments@axiommutual.ca, or online by credit card at www.axiommutual.ca

PLEASE CHOOSE THE PAYMENT PLAN THAT'S RIGHT FOR YOU:

Please note that some payment options could influence your rate, speak to your Advisor or Broker for more information.

- ☐ **ONE PAY** - Full payment will be withdrawn **on policy effective date and recur annually.**
- ☐ **3 PAY** - withdrawn once per month for 3 consecutive months starting on your policy effective date.
- ☐ **QUARTERLY - *FOR FARM POLICIES ONLY*** payment withdrawn once every 3 months, 1% administration fee.
- ☐ **MONTHLY** - 12 monthly payments, 1% administration fee.

Credit Card Information & Authorization:

☐ Visa ☐ Mastercard Credit Card #: _____ - _____ - _____ - _____

Cardholder's Name: _____ Expiry (mm/yy): _____ CVV #: _____

Cardholder's Signature: _____ Withdrawal: ☐ 1st ☐ 12th ☐ 15th ☐ 26th of the month

If the first withdrawal attempt is not successful, a second attempt will be made within 30 days. A fee of \$25 will be charged on all NSF payments or declined credit card payments.

Consent & Disclosure

I/we authorize Axiom Mutual Insurance Company 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 payments from time to time, for payment of insurance premium. Axiom Mutual Insurance Company will provide 10 days written notice of the amount of each regular withdrawal. Axiom Mutual Insurance Company will obtain my/our authorization for any other one-time or sporadic debits. All amounts charged will be in Canadian funds.

The payment amount may vary from month to month and will be according to the Amount Due on the most recent Billing Statement. Pre-notification of amount changes will be disclosed in a revised Billing Statement at least 10 days prior to the next scheduled Payment date. See above for additional fees that may be applied.

This authority is to remain in effect until Axiom Mutual Insurance Company has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next withdrawal is scheduled at the address provided above. Axiom Mutual Insurance Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without giving at least 10 days prior written notice to me/us.

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 automatic charge that is not authorized or is not consistent with this agreement.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____