



AUTHORIZATION FOR CREDIT CARD PAYMENTS

I/We authorize SASKATCHEWAN MUTUAL INSURANCE (SMI) to charge my/our credit card for all current and/or future payments of insurance premium and applicable charges. All amounts charged will be in Canadian funds.

I/We will ensure that funds are available on each due date and understand that a declined payment may result in one or all of the following:

- 1. A second presentation or attempt to process payment. 2. Cancellation of my/our payment plan agreement. 3. Cancellation of my/our policy.

I/We understand that this authorization may be cancelled by me/us upon written notice.

I/We warrant and guarantee that the person whose signature is required to sign on this card has signed this authorization below.

I/We understand that this authorization is continuous and will automatically apply to the renewal terms unless SMI has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next payment is scheduled, at the address provided below.

SMI may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 (ten) days prior written notice to me/us.

I/We authorize SMI to collect or use my/our personal information for the purpose of this authorization for payments of my/our insurance premiums. I/We authorize SMI to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to, and necessary for, the proper execution of the transaction(s) for the policy number(s) noted below.

SMI Policy # _____

Name of Insured(s) (as shown on policy) _____

Card Type: VISA MasterCard

Credit Card Number | | | | | - | | | | | - | | | | | - | | | | |

Cardholder Name (**exactly** as it appears on card) _____

Expiry Date of Card | | | | |
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Pre-Authorized Payment Plan

I/We give SMI authorization to automatically process **all current and future** insurance premiums and applicable charges to my/our credit card. I/We will advise SMI if my/our credit card information changes.

Payment Interval: Monthly Tri-Annual Semi-Annual Annual

(I/We understand for monthly payment plans, the applicable down payment amount will also be processed to my/our credit card.)

One-Time Payment

(**no future** credit card payments to be applied without my/our authorization)

\$ _____ Single Payment Only – Please invoice me/us: Annually Semi-Annually Tri-Annually

\$ _____ Down Payment Only – Future payments are to be processed from my/our bank account; a completed Authorization form is attached.

In consideration for SMI permitting premium payment to be financed through VISA or MasterCard, it is hereby understood that SMI may credit my/our VISA or MasterCard account for any return premium.

Cardholder Signature: _____

Date _____
DD / MMM / YYYY

Maximum annual policy premium must not exceed \$15,000 when paying by credit card.

Mail or fax completed form to Saskatchewan Mutual Insurance Company – 279 3rd Avenue N, Saskatoon, SK S7K 2H8
Tel: 1-800-667-3067; Fax: 1-888-353-3293; Email: accounting@saskmutual.com