

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADs) AND CREDIT CARD PAYMENTS

I/We authorize **SANDBOX MUTUAL INSURANCE COMPANY** to make automatic deductions from my/our bank account/credit card as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of insurance premium and any applicable charges. All amounts will be in Canadian funds.

Withdrawals/charges may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy.

I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.

I/We will ensure funds are available on each due date and understand that non-sufficient funds/declined payment transactions may result in one or all of the following: 1. A second presentation or attempt to withdraw funds within 30 days 2. Cancellation of my/our payment plan agreement. 3. Cancellation of my/our policy.

I/We understand this authorization may be cancelled by me/us upon notice within 10 (ten) business days before the next scheduled premium withdrawal. I/We understand this authorization is continuous and will automatically apply to the renewal terms until Sandbox Mutual Insurance has received notification from me/us of its change or termination. 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 authorize Sandbox Mutual Insurance to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payments of my/our insurance premiums. I/We authorize Sandbox Mutual Insurance 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 pre-authorized debit transaction for payment of premiums directly related to my/our insurance policy.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.

Please complete authorization information below. Incomplete forms will be returned.

1. Policy Information:

Name of Insured/Company Name	Type of Insurance Policy <input type="checkbox"/> Personal <input type="checkbox"/> Business	Sandbox Mutual Insurance Policy No.
Address (street, city, province)	Postal code	Telephone No.

2. Payment Plan: (Payments will be processed on the selected interval based on the effective date of the policy)

☐ Monthly ☐ Tri-Annual ☐ Semi-Annual ☐ Annual

☐ One-Time Payment (no future payments to be processed without authorization):

Single Payment Only: \$_____ please invoice me/us: ☐ Tri-Annual ☐ Semi-Annual ☐ Annual

3. Payment Method:

☐ Preauthorized Debit: (Please attach a "Void" Cheque)

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.

Name and Location of Financial Institution	Institution No.	Transit No.	Account No.
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☐ Credit Card Payment:

In consideration for Sandbox Mutual Insurance permitting premium payment to be financed through VISA or MasterCard, it is hereby understood that Sandbox Mutual Insurance may credit my/our VISA or MasterCard account for any return premium. Maximum annual policy premium must not exceed \$15,000.

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Credit Card Number ____________________	Expiration Date (MM/YY) ________	CSV Number ____
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4. Billing Information: (If different from above)

Account/Card Holder - Last and first name(s)	Telephone No.
Address (street, city, province)	Postal code

Authorized Signature:

Authorized Signature:
(If applicable)

Date: _____
DD/MMM/YYYY

Date: _____
DD/MMM/YYYY

Submit completed form here: accounting@sandbox.ca