

Pre-authorized Payment Plans



It's your choice. You can pay your premium monthly, quarterly or annually from your bank account using our Pre-Authorized Chequing Plan — or you can choose to pay your premium monthly, quarterly or annually by VISA/MasterCard. You can always change your method of payment by contacting CDSPI at the numbers listed below.

Paying by Pre-Authorized Chequing Plan

Complete and sign the Pre-Authorized Chequing Authorization Agreement below, **enclose an unsigned cheque marked "VOID"** from the Canadian bank account of your choice, and send it to the address below.

Paying by Pre-Authorized Credit Card Plan

Complete and sign the VISA/MasterCard Credit Card Authorization below, and return it with your invoice stub. You can make a one-time payment by specifying the exact amount on the authorization, or you can have CDSPI automatically debit your account for all future premium deductions, including annual, quarterly, monthly and interim.

Paying On-Line

You also have the option of paying your premiums via credit card at CDSPI's website, or through your existing on-line bank account. For details, call or click on "Invoice Payments" at www.cdspi.com.

Note:

- If you are switching from quarterly payments to monthly payments, the change will take effect as of the beginning of the next quarter
- Monthly payments by credit card or by pre-authorized chequing will be processed on the 1st of each month
- The premium amount on your invoice for quarterly and monthly payments includes a 2.23 per cent processing charge
- Should you be using Pre-Authorized Chequing and a change occurs in your bank account which affects your Canadian Dentists' Insurance Program premium payment, you must notify CDSPI before the next due date of the pre-authorized debit. Otherwise a \$10 charge will apply and your coverage could lapse
- The \$10 charge also applies in the case of non-sufficient funds
- Minimum monthly payment: \$30. Minimum quarterly payment: \$90

Please return completed form to:
CDSPI, 155 Lesmill Rd., Toronto, Ont. M3B 2T8
 or by toll-free fax:
1-866-337-3389 (416-296-8920 in Toronto).
 For assistance, call extension 5000 at 1-800-561-9401
 or (416) 296-9401.

Pre-authorized Chequing Authorization Agreement



I/we, the undersigned, authorize CDSPI and the financial institution designated below to begin

- annual and interim deductions or
- monthly and interim deductions or
- quarterly and interim deductions

for my/our Canadian Dentists' Insurance Program premium against the account specified on the enclosed specimen cheque.

Note: Monthly deductions are debited on the first business day of each month. Quarterly deductions are debited on the first business day of each quarter.

I/we understand that the monthly/quarterly debit amount may be increased or decreased should I/we make changes to my/our insurance program, or should premium rates change on January 1 of any year. **I/we agree that CDSPI is not required to provide me/us with advance written notification should such a debit amount change.**

I/we understand that I/we can cancel this agreement at any time with 30 days written notice. I/we may obtain more information about my/our right to cancel a pre-authorized chequing agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we certify to CDSPI that all persons whose signatures are required to authorize payment from the specified account have signed this form.

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 debit that is not authorized or is not consistent with this agreement. To obtain more information about these recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Account to be debited is (choose one):

Personal — Name(s): _____

Business — Company: _____

CDSPI Account N°. (if known) _____

Telephone B () _____ H () _____

Address _____

City _____ Prov. _____ Postal Code _____

Financial Institution _____

Address _____

City _____ Prov. _____ Postal Code _____

Bank Account N°* _____

Signature of Account Holder _____

Signature of Account Holder ** _____

Date Signed _____

* Please include a blank cheque marked "VOID".

** This agreement must be signed by all persons whose signatures are required to sign on the above account.

VISA/MasterCard Credit Card Authorization



Please check:

- I, the undersigned, authorize CDSPI to keep my VISA/MasterCard information on record and debit my credit card account automatically for this and all future
 - Annual** and interim payments
 - Quarterly** and interim payments
 - Monthly** and interim payments.
- I, the undersigned, authorize CDSPI to debit my VISA/MasterCard credit card account on a one-time basis by the amount of

\$ _____

Name _____

CDSPI Account N°. _____

Please Check One: VISA MasterCard

Card N°. _____

Expiry Date _____

Name of Cardholder _____

Signature of Cardholder _____

Date Signed _____