

Pre-Authorized Credit Card Plan

It's your choice. You can pay your premium monthly, quarterly or annually from your Visa/MasterCard using our Pre-Authorized Payment Plan.

General Information (Complete one form for each CDSPI Account)

CDSPI Account Number (if known) _____

New Credit Card Plan Change to existing Credit Card Plan (check one)

Name(s) of CDSPI Account Owner(s)* _____

**For Corporations: please provide the full name as it appears on your invoice.*

CDSPI only accepts Visa and MasterCard payments. CDSPI cannot accept payment using any other credit cards nor any form of "debit card" payment.

I authorize CDSPI to keep my VISA/MasterCard information on record and charge my credit card automatically for interim and all future (check one):

Annual Payments Quarterly Payments Monthly Payments

Please check one: Visa MasterCard

Credit Card number Expiry Date
M M Y Y

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

Terms and Conditions Information about your credit card authorization

In this section, "you" and "your" refer to the holder of the credit card to which the payments will be charged.

You agree to the following:

- You authorize CDSPI to charge the regular and interim premium payments to your credit card. Premium amounts are subject to change.
- The charges to your credit card will be made on the 1st business day of the month in which the premium is due.
- You consent to CDSPI's use of third party account updating services to update your VISA/MasterCard account information and to CDSPI charging your regular and interim premium payments to the updated credit card, and to CDSPI and the third party account updater sharing your personal information, including your credit card number, in connection with such updating services.

Making changes to your credit card information

Changes to your credit card information can be made by contacting CDSPI by phone or mail. CDSPI must receive the notification of change at least ten (10) business days before the next date the premium is charged to your credit card.

We do not accept changes to your credit card information by fax or email.

Cancelling this authorization

You or CDSPI can end this agreement at any time by giving 10 days notice.

Refunds

Note: All refunds are paid by cheque to the CDSPI Account Owner(s).

Signature of Cardholder _____ Date _____

MM/DD/YYYY

Signature of CDSPI Account Owner _____ Date _____

MM/DD/YYYY

Signature of CDSPI Account Owner _____ Date _____

MM/DD/YYYY

PLEASE RETURN THE COMPLETED FORM TO:

Mail: CDSPI

Attn: Insurance Administration
155 Lesmill Road, Toronto ON M3B 2T8

Email: insurance@cdspi.com

Fax: 1.866.337.3389 or 416.296.8920 in Toronto

Call: 1.800.561.9401 or 416.296.9401 in Toronto