Authorization Form

Reset Form

Policy No. _____

Last Name _____ First Name _____ Initial _____

Address _____ City/Town _____

Province _____ Postal Code _____ Phone _____

Select your payment plan:

Note: For Automatic Chequing customers, withdrawals will be made monthly. Credit Card withdrawals may be made monthly or annually.

☐ Portage Credit Card Payment (PCC)

Frequency (Please select one option only): ☐ Annually ☐ Monthly

Card Type: ☐ Visa ☐ MasterCard

Cardholder Name (as it appears on card): _____

Card #: | | | | — | | | | — | | | | — | | | | Expiry Date: _____

☐ Portage Automatic Chequing (PAC)

For a first-time **PAC** account send an unsigned "VOID" cheque and the authorization form to The Portage la Prairie Mutual Insurance Company. Your **PAC** plan will take effect on the second month and monthly premium payments will be deducted from your account automatically. Annual policy renewals will automatically be mailed to you and premiums will continue to be withdrawn on a monthly basis. This payment plan includes a re-presentment feature for NSF transactions as a service to the customer. If the transaction is rejected, this service will re-attempt the transaction 2–4 business days after it was first rejected.

Authorization for Credit Card or Automatic Chequing Plans:

I/We authorized The Portage la Prairie Mutual Insurance Company to debit my/our account in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that Portage Mutual reserves the right to adjust the payment to reflect any change. I/We understand that Portage Mutual is not liable for any service charges levied by my/our financial institution. This authorization is to remain in effect until cancelled in writing by me/us. Portage Mutual will make every effort to inform me/us in advance of any change.

(For Automatic Chequing Plans only) 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 of any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our broker, financial institution, or visit www.cdnpay.ca.

Date: _____

Signature #1: _____ Signature #2: _____

Note: If more than one signature is required on a joint account, please provide all signatures.

Do not detach. For office use only.

- Please attach cheque or money order here -

The Portage la Prairie Mutual Insurance Company

Head Office

Portage la Prairie, Manitoba: 1-800-567-7721

Regional Contact Numbers

Alberta/British Columbia: 1-800-661-3625

Ontario: 1-800-263-7262

Atlantic Canada: 1-800-565-1000

Saskatchewan: 1-800-567-7721

http://www.portagemutual.com/