

PAYMENT PLAN OPTIONS

Name of Insured: _____

Customer # _____ **Policy #** _____ **Renewal Date** _____, _____, 20____.

We are pleased to offer you the following payment options for the premium due.

Total Payment Due (including applicable Taxes)		\$			
Option	Plan	Description	1 st Payment	2 nd Payment	3 rd Payment
1	One Payment	Payment of the entire premium amount by renewal date, as per attached invoice.	\$	N/A	N/A
2	3-Pay Plan	1st payment due on or before Renewal Date as noted above; 2nd payment by post-dated cheque 30 days thereafter; 3rd payment due by post-dated cheque due 60 days after. No service fee.	\$	\$	\$
3	Monthly Payments	By automatic withdrawal from your bank account on a monthly date of your choosing, subject to 25% down and a service fee as per the attached extended payment plan contract. Please review, sign and fax the contract back to our office by Email churchinsurance@robertsonhall.com or Fax (519) 685-2931 prior to your Renewal Date as noted above.			
4	Credit Card Payments	Visa or MasterCard Subject to applicable service fee (3%). Please contact our office prior to the Renewal Date of the policy for full details and to authorize transaction.			

PLEASE NOTE:

If you wish to select payment Option 1, payments can be made at our office by cash, cheque or online banking through any of the following financial institutions. (BMO, CIBC, Scotiabank, TD, RBC, Desjardins or Tangerine) Please use your **Customer #** as noted above for reference. You may also make payment by e-transfer to eheine@robertsonhall.com (Security question should be set as: "What is your account number?" Answer should be set as **Customer #** as noted above

If you wish to select payment Option 2, payments must be made prior to the renewal date with all post-dated cheques made payable to "Robertson Hall Insurance Inc." and sent together by mail or courier to 300-431 Richmond Street, London, ON N6A 6E2.

NSF cheques are subject to a \$50 service charge and two NSF cheques in a single policy period will result in cancellation of your policy by the insurance company.

If you wish to select payment Option 3 please review, sign and return the attached extended payment plan contract to our office by Email churchinsurance@robertsonhall.com or Fax (519) 685-2931 prior to your Renewal Date as noted above.

If you wish to select payment Option 4 please contact our office prior to the Renewal Date of the policy for full details and to authorize your credit card transaction.