



## Terms of Agreement for Monthly Payment Plan

Pre-Authorized Debit (PAD)  
Agreement:

This pre-authorized debit (PAD) agreement (the “agreement” or “PAD agreement” ) is between Allstate Insurance Company of Canada (“Allstate”) and you, the payor(s) or accountholder(s) on the debit account (“account” or “PAD account”) from which debits are authorized under this PAD agreement.

Under the agreement, you authorize Allstate to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy(ies), including the initial premium against the account at the named financial institution above, or any other financial institution that you may later designate.

The following terms and conditions apply when you set up PAD for monthly payment plan with Allstate including details on how to cancel it, your rights for reimbursement and what happens in the case of insufficient funds.

1. I/We, the payors or accountholders on the PAD account, have been provided with details of and understand the terms and conditions of the monthly payment plan by automatic withdrawals from my/our financial institution.
2. I/We acknowledge that the financial institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.
3. I/We acknowledge that the financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Allstate as a condition to honouring a PAD issued or caused to be issued by Allstate on the account.
4. **Waiver of pre-notification: I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in policy coverage and any applicable fees and charges. Specifically, for the first payment, I/we waive the right to 15 days’ prior notice and accept 3 days’ notice before the debit. For subsequent payments, I/we waive the right to receive pre-notification of the amount to be debited, including prior notice that the amount or the date of payment will change.**
5. I/We understand that this payment method may be cancelled by me/us at any time by providing no less than 30 days’ written notice. Termination of this authorization applies only to the method of the payment and does not have any bearing on or eliminate my/our obligation to make payment to Allstate under my/our policy(ies). I/We can obtain a sample cancellation form or further information on my/our right to cancel this agreement from my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
6. In the event that a PAD is disputed, I/we agree to contact Allstate. 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 more information on recourse rights, I/we can contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

7. I/We warrant that all persons whose signatures are required to sign on the PAD account have signed and accepted this authorization.
8. If there is a change in premiums due to a change in coverage, rate, or upon renewal, the amount of the monthly withdrawal will automatically be changed.
9. I/We will ensure that funds are available on each due date and understand that dishonoured funds transactions may result in one or all of the following;
  - A second presentation or attempt to withdraw funds 3 to 10 business days later
  - Service charge of \$50.00 (additional bank fees are applicable, as administered by your financial institution)
  - Cancellation of the policy
10. I/we undertake to inform Allstate, in writing, of any change in the account information provided in this authorization at least 10 calendar days prior to the next payment date.
11. I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
12. I/We authorize Allstate to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. I/We authorize Allstate to disclose any personal information that may be contained in this agreement to the financial institution that holds the account to the extent that such disclosure is directly related to and necessary for the proper execution of the PAD transaction for the policy(ies) and the application of Rule H1 of the Rules of the Canadian Payments Association.
13. I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of the insurance premiums in which case I/we must make other arrangements for payment of the insurance premiums.
14. I/We have received a copy of this authorization and have read and understand these terms and conditions.
15. I/We understand this agreement is to remain in effect until Allstate terminates it or until I/we contact my/our Allstate agent or call 1-800-Allstate (1-800-255-7828) to request termination. Allstate may require up to 5 business days to act on my request. Should a policy or monthly payment plan be subsequently offered by an affiliate company of Allstate, I/we understand this agreement will remain in effect unless I/we notify Allstate directly in writing of termination. Allstate will notify me/us in writing of any changes to this agreement.