Pre-Authorized Credit Card Payment Plan Request Form

Please print in ink

Policy Information

Policy No.	Name of Policyholder

Please Tell Us About Yourself

Member/Employee Information

Last Name	Given Name	Initials	Member/Employee ID

Note: Monthly premiums will be processed on or about the first day of each month. In addition, depending on when your Pre-Authorized Payment Plan request is received, your first payment may include two month's premium.

- The Pre-Authorized Payment Plan will be discontinued by IAP if the premium is not received when due.
- Your monthly premium, which is based on the total annual premium for all benefits for which you are insured, is calculated as follows:

(Total Annual Premium)	÷ 12 months +	(8% Ontario RST or 9% Quebec PST) *(if applicable)*	=	(Monthly Premium Payable)
_____		_____		_____

Credit Card Payment Authorization

Payment Option: **(Please check one of the following boxes)**

❑ Annual Premium
or
❑ Monthly Premium

Credit Card Information: **(Please check one of the following boxes)**

❑ VISA or ❑ MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: _____ (M M M / Y Y Y Y)

I, as the Credit Card holder, authorize Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP") to charge my credit card number as indicated above, under terms and conditions agreed to by me with IAP until such time as written notice to the contrary is given by me to IAP.

A charge in the amount of $_____, with a reasonable latitude for adjustments may be processed against my credit card. With respect to the Monthly Premium option, such amount may be increased/decreased at a future date as per the policy terms. IAP will, to the best of their ability, advise me in writing of the revised amount in advance of its effective date. The entry on my credit card statement will constitute receipt for premium payment.

Upon change of credit card company and/or credit card number of the Card holder, revised Credit Card Information must be provided in writing in order for the Monthly Premium option to continue.

_____ *Signature of Member/Employee*

_____ *Date (dd/mmm/yyyy)*

Please return to IAP, Special Markets Group at 2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6
or contact us at 1-800-266-5667 or e-mail us at group@iapacific.com

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