

## BANK AUTHORIZATION

Policy # (if known): \_\_\_\_\_

Name of Insured(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Address of Bank/Financial Institution: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

### I/We hereby authorize:

1. SMI to debit my/our account for all payments payable to Saskatchewan Mutual Insurance Company in payment of my/our insurance premiums.
2. That your treatment of each payment shall be the same as if I/we had personally issued a cheque or order authorizing you to pay as indicated and to debit the amount specified to my/our account.
3. That any delivery of this authorization to you constitutes delivery by me/us.
4. That this authorization may be cancelled at any time upon written notice by me/us.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

FOR A JOINT ACCOUNT, ALL DEPOSITORS MUST SIGN IF MORE THAN ONE SIGNATURE ON CHEQUES ISSUED AGAINST THE ACCOUNT IS REQUIRED.

DATE: \_\_\_\_\_

PLEASE ENCLOSE A SPECIMEN OF YOUR  
CHEQUE – MARKED “VOID.”

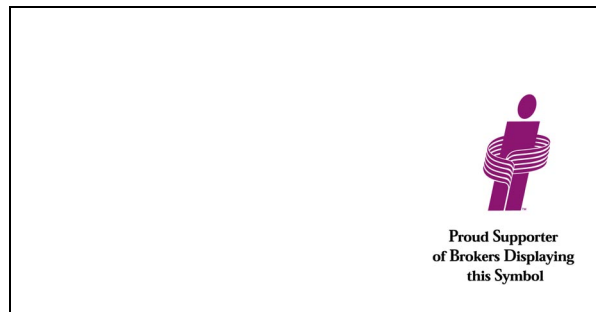


SASKATCHEWAN MUTUAL  
INSURANCE COMPANY

SMI was formed by a group of pioneer farmers in 1908 because of a mutual need, the need for farmers to help each other. With that pioneer spirit in mind, SMI has prospered for over 90 years, providing Security and Service to its policyholders.

At SMI the policyholders really are the most important consideration because, like a cooperative, each policyholder has voting rights with the Company. Policyholders' wishes are carried out by an elected board of directors who oversee the successful operation of the Company.

Today SMI is a federally licensed insurer operating successfully in Alberta, Saskatchewan and Manitoba with annual written premiums of over \$20,000,000. SMI, with a staff of approximately 50 people, serves its policyholders through the independent brokerage system. Our Head Office is located in Saskatoon with service offices in Calgary, Regina and Winnipeg.



M182 (11/03)

# PREMIUM PAYMENT OPTIONS

ANNUAL  
SEMI-ANNUAL  
TRI-ANNUAL  
MONTHLY



279 3<sup>rd</sup> Ave. North  
SASKATOON SK S7K 2H8  
Ph. (306) 653-4232  
Fx. (306) 664-1957

headoffice@saskmutual.com  
www.saskmutual.com

**Payment Plans**

- **Annual**  
- At renewal date
- **Semi-annual**  
- 1/2 plus \$5 fee due at renewal date  
- 1/2 plus \$5 fee due six months after renewal date
- **Tri-annual**  
- 1/3 plus \$5 fee due at renewal date  
- 1/3 plus \$5 fee due four months after renewal date  
- 1/3 plus \$5 fee due eight months after renewal date
- **Monthly**  
- 1/12 plus \$2 fee each month beginning one month prior to renewal date

**Payment Options**

- Cheque or money order
- Telephone/Internet banking
- Credit card – VISA, MasterCard
- Electronic withdrawal from bank account

**A DOWN PAYMENT IS REQUIRED WITH ALL APPLICATIONS FOR INSURANCE COVERAGE OR WHEN CHANGES ARE MADE TO PAYMENT PLANS.**

- Annual – full policy premium
- Semi-annual – first payment consisting of 1/2 of the premium plus \$5 fee
- Tri-annual – first payment consisting of 1/3 of the premium plus \$5 fee
- Monthly – 2/12 of the premium plus a \$4 fee

Down payments may be made by cheque or credit card.

**Down Payment:** \$ \_\_\_\_\_

Cheque or  Credit Card

**Renewal Policy**

The Policy will be renewed each year using the payment plan and payment option selected, unless notified otherwise by the Policyholder.

If you are not changing your payment option or payment plan, simply provide the payment indicated on your renewal billing.

If you wish to change your payment option or payment plan complete this brochure and return it to SMI along with the required down payment.

**NOTE:** All cheques payable to SMI

Any bank changes or credit card changes must be submitted at least two weeks prior to the payment due date.

**Please enroll me in the following:**

**Payment Plan** (please select one of the following):

- Annual
- Semi-annual
- Tri-annual
- Monthly (only available for Pre-authorized Credit Card or Bank Payment)

**Payment Option** (please select one of the following):

- Pre-authorized Credit Card or Bank Payments for this payment and all **future** payments
- Telephone/Internet banking – contact your financial institution
- Cheque or money order sent by mail
- Credit card payment – can be done by telephone or fax

**CREDIT CARD AUTHORIZATION**

**Policy # (if known)** \_\_\_\_\_

**Name of Insured(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Credit card:**     VISA  
                           MasterCard

**Card No.** \_\_\_\_\_

**Expiry** \_\_\_\_\_ **month** \_\_\_\_\_ **year**

**Cardholder Name:** \_\_\_\_\_

I/We hereby give authorization:

1. To debit my/our credit card for all current and/or future payments payable to Saskatchewan Mutual Insurance Company in payment of my/our insurance premiums.
2. That any delivery of this authorization to you constitutes delivery by me/us.
3. That this authorization may be cancelled at any time upon written notice by me/us.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AUTHORIZATION MUST BE SIGNED BY CARDHOLDER IF FUTURE PAYMENTS ARE TO BE APPLIED TO CREDIT CARD.**