

OnTime® Preauthorized, Recurring Debits

I (we) request and authorize the Intact Insurance Group USA LLC ("the Company") to obtain payment of amounts becoming due on the above-referenced policy(ies) by initiating debits to my (our) account. I (we) request and authorize the financial institution named above to accept and honor this request. The debit(s) will occur on the due date of the payment. I (we) understand that the Company may impose a fee in the event of insufficient funds. This authorization will remain in effect until I (we) notify the Company in writing to terminate such service and the Company has a reasonable time to act on the termination, but no less than three (3) business days. If a payment has already been deducted from my (our) account, or if my (our) notice to cancel recurring payments is less than three (3) business days, we understand that it is not possible to stop payment. If I (we) cancel my (our) policy(ies), I (we) must also cancel the recurring payments, as the Company will not automatically cancel such payments. If there is a premium due, or a portion of a premium due, the Company will debit that premium, or portion thereof, prior to terminating the recurring payments. The Company will notify me (us) in writing of changes to my (our) recurring payment plan and premium amounts. I (we) hereby terminate any prior Authorization of the Company to debit this account, effective the date on which the first debit is initiated by the Company under this Authorization. I (we) understand that this agreement may be terminated by the Company at any time, with written notification submitted to the customer at the time of termination. This Authorization will become effective only upon acceptance by the Company at the address shown below. If you believe there is an error on your statement, please contact the Company at 1.877.624.7775.

Authorization Signature: _____

Policyholder Name: _____

Title (if applicable): _____

Authorization Signature: _____

Policyholder Name: _____

Title (if applicable): _____

Please sign above and complete the form on the reverse side, then mail it directly to: **Intact Insurance Group USA LLC, Customer Service 1051 Texas St, Salem, VA 24153**



For more information about Intact Insurance Specialty Solutions and our products and services, contact your local independent agent or visit www.intactspecialty.com.



Policies may be underwritten by one of the following insurance companies: Atlantic Specialty Insurance Company; Homeland Insurance Company of Delaware; Homeland Insurance Company of New York; OBI America Insurance Company; OBI National Insurance Company.

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Intact Insurance Specialty Solutions OnTime® Electronic Funds Transfer

without even thinking about it
– and save every time



Why worry about mailing your insurance payment every month?

With OnTime® Electronic Funds Transfer, you can have your Intact monthly premium withdrawn automatically from your checking account. Sign up today to save time and the installment fee we charge whenever a bill is issued!

You Can Enroll...

- Online - Visit www.intactspecialty.com; log in; add the policy number (if not reflected on Your Policies list), click on the policy number; click the "Enroll" button under OnTime (EFT Program); complete the required fields; accept the OnTime® Consent statement; and submit your authorization.
- In Writing - Complete the authorization form at the right, and mail it to us at:

Intact Insurance Group USA LLC
Customer Service
1051 Texas St
Salem, VA 24153



PLEASE NOTE: You must pay the outstanding premium payment due on the enclosed bill before we can put OnTime® into effect.



And Here's More Information

You can sign up for OnTime® whenever you wish, and authorize deductions for one policy or several.

Withdrawals are based on your current billing cycle; the amount will appear as a separate item on your bank statement. Before the first withdrawal we'll send a confirmation with the exact figure.

Bills will not be issued unless there is a change in the amount of your monthly withdrawal.

If you change banks or account numbers, simply register on our website, www.intactspecialty.com, to update your banking information. And you may cancel OnTime® at any time.

OnTime® Authorization Form

(Please complete this entire form, front and back)

To Sign Up...

Complete this OnTime® Authorization Form and mail it in a separate envelope to the address on the back of this form or send via facsimile to 866-866-6984.

DO NOT mail this form in the envelope provided for your premium payment – or include your payment with this authorization form.

Policy Number:

Full Policyholder Name (individual or business):

Company/Contact Name:

Address:

City, State, Zip:

Telephone:

Email Address:

Checking Account Number:

Desired Withdrawal Date:

(Choose any date except the 29th, 30th or 31st; if you do not select a date, we will use the effective date of your policy)

Bank ABA/Routing Number:

(This is the 9-digit number in the bottom left corner of the check)

Financial Institution Name & Address:

Name of Insurance Agency:

Please read and sign the disclaimer on the back of this form.