



Notice of Change of Payment Information

TO: Lawyers' Professional Indemnity Company (the "Insurer")
FROM: (the "Firm")
DATE: , 20

WHEREAS the Insurer and the Firm entered into a TitlePLUS Subscription Agreement, as amended, on or about , 20 (the "Agreement");

AND WHEREAS the Firm wishes to change/update the payment information contained in Schedule "B" to the Agreement;

NOW THEREFORE in consideration of the sum of two (\$2.00) Dollars and for other good and valuable consideration paid to the Firm, the receipt and sufficiency of which is hereby acknowledged, the Firm hereby agrees as follows:

- 1. The Firm acknowledges that Schedule "B" annexed hereto (entitled "Payment Options") continues an account previously established with the Insurer for purposes of payment of the TitlePLUS Charge, which payment shall be made by debit to such account unless otherwise stipulated by the Insurer.
2. Schedule "B" annexed hereto shall apply to TitlePLUS policies delivered by all lawyers of the Firm.
or
Schedule "B" annexed hereto shall apply to TitlePLUS policies delivered by the following lawyers of the Firm:
1. 3.
2. 4.

SIGNED AT on the first date written above.

(the "Firm")

Per:

ACCEPTED BY THE INSURER UPON RECEIPT IN ACCORDANCE WITH THE AGREEMENT.

LAWYERS' PROFESSIONAL INDEMNITY COMPANY

Per:

Kathleen A. Waters, President & C.E.O.

Raymond G. Leclair, Vice President, TitlePLUS

SCHEDULE "B" – PAYMENT OPTIONS

The Firm acknowledges that monies owing on account of the TitlePLUS Charge must be paid upon issuance of the TitlePLUS policy over the Web site. The Firm agrees to pay TitlePLUS Charges per transaction in accordance with the requirements of the Agreement, using the following updated method of payment:

- Credit Card [complete sub (a) below]
- Pre-authorized Payment [complete sub (b) below]

(a) Credit Card Information (complete only if paying TitlePLUS Charge by Credit Card)

- Visa
- MasterCard
- Amex

Card No.: _____
Expiry: _____
Signature: _____
Cardholder's Name: _____
Date (mm/dd/yyyy): _____/_____/_____

(b) Pre-authorized Payment Information (complete only if paying TitlePLUS Charge by Pre-authorized Payment)

Attach an unsigned cheque from the account to be debited. Do not sign the cheque. Mark "void" across the face of the cheque.

The undersigned authorizes LAWPRO to withdraw the appropriate amount on account of TitlePLUS Charges per month from undersigned's designated account and financial institution indicated on the attached cheque. Undersigned acknowledges that LAWPRO does not charge for this service, but the designated financial institution may. Undersigned also agrees that if it intends to change how the TitlePLUS Charges are paid or to cancel this agreement, undersigned must first contact the TitlePLUS Customer Service Group at 1- 800-410-1013 (fax 1-800-286-7639) within ten days before the next Pre-Authorized Debit (PAD) is to be issued. Undersigned has read, understands and accepts all of the terms and conditions listed below:

- 1) The undersigned hereby acknowledges that this authorization is provided for the benefit of LAWPRO and undersigned's financial institution, and is provided in consideration of the agreement of the undersigned's financial institution to process debits against undersigned's account in accordance with the rules of the Canadian Payments Association;
- 2) The undersigned hereby certifies that the information provided in the authorization is correct, that all persons whose signatures are required to sign on this account have signed this agreement below and that the undersigned will notify LAWPRO, prior to the next due date of the PAD in the event of any changes;
- 3) The undersigned hereby certifies that the designated bank account is in good standing, with sufficient funds to cover the payments as they come due;
- 4) The undersigned acknowledges that the Web Site or any documents provided by LAWPRO shall constitute pre-notification of the amount of the PAD and that the due date shall be as provided in the Agreement;
- 5) All payments will be drawn on Canadian financial institutions only, and will be withdrawn in Canadian funds.

Signature: _____
Date (mm/dd/yyyy): _____/_____/_____