



An agency of the Government of Ontario

Repayment plan

	Name
	Debt notification date

Customer information

Agricorp ID

A

Outstanding balance

As of:

Balance owing:

If balance owing is different from above, enter new balance and explain the difference. New balance: \$

Explanation

Repayment options

*Any future program payments will be applied to the balance owing. Please select **one** option. All options must ensure the outstanding balance is paid in full, including interest, within **three years** of the debt notification date. Please make cheques payable to Agricorp.*

I am an active customer and I expect my future program payments to cover the full outstanding balance within three years of my debt notification date.

I would like to pay the full amount now. Amount enclosed: \$

I would like to pay the outstanding balance in instalments. Number of instalments:

I have enclosed post-dated cheques.

If paying in instalments, a minimum of one payment per year is required starting within one year of your debt notification date.

		Year 1	Year 2	Year 3
Instalments	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$

If required, list additional instalments on the back of this form.

Please note:

- There are no fees or penalties for accelerating repayment.
- Payments received to cover the outstanding balance will not be used to cover premiums and/or fees related to future program participation.
- Interest will apply to any outstanding balance owing for more than 30 days, at the rate set quarterly by the Ministry of Finance. Payments will be applied to interest first.
- If these payments are not sufficient to repay the outstanding balance, any outstanding amount must be paid within three years of the debt notification date.
- Producers who are no longer participants in business risk management programs administered by Agricorp are required to repay a minimum of one-third of their debt each year, starting within one year of their debt notification date.
- Any changes to the above form require Agricorp approval.

Thank you for completing your repayment plan. To accelerate your repayment plan or make other changes, contact Agricorp.

Signature

X

Date

YYYY/MM/DD

Mail completed and signed form to: Agricorp, 1 Stone Road West, Box 3660 Stn. Central, Guelph, ON N1H 8M4

Instalments

If paying in instalments, a minimum of one payment per year is required starting within one year of your debt notification date.

Instalments		Year 1	Year 2	Year 3
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$
	Date	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Amount	\$	\$	\$

Please keep a copy of this form for your records.