



PRE-AUTHORIZED DEBIT PLAN (PAD)

Throughout this form, Benefits by Design is referred to as BBD.
Please complete this form and attach a blank void cheque to set up a pre-authorized debit plan.

SECTION 1: EMPLOYER INFORMATION

Company Name		
Company Street Address		City
Province	Postal Code	Phone Number

SECTION 2: BANK ACCOUNT INFORMATION

Name of Financial Institution		
Transit Number	Bank Number	Account Number

SECTION 3: AUTHORIZATION

I (we) authorize BBD to withdraw the variable amount due on my billing statement from my financial institution commencing on the 1st day of each month following the effective date of the group insurance policy.

I (we) authorize BBD to use PAD for any existing balance due.

I (we) have attached a blank void cheque with this form **(REQUIRED)**

SECTION 4: CONFIRMATION & SIGNATURES

I (we) acknowledge that I (we) have read, understand, and agree to all of the provisions contained in Section 5: Terms and Conditions for Pre-Authorized Debit (PAD) and that I (we) have received a copy of such Terms and Conditions.

Authorized Signature

Date of Signature (mm/dd/yyyy)

X _____

Authorized Signature

Date of Signature (mm/dd/yyyy)

X _____

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SECTION 5: TERMS AND CONDITIONS FOR PRE-AUTHORIZED DEBIT (PAD)

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and The Royal Bank and is provided in consideration of The Royal Bank agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association."

"I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement."

"I (We) acknowledge that, unless otherwise indicated, these services are for business purposes."

"I (We) hereby authorize BBD to draw on the Payor's account number, through debit, in paper, electronic, or other form, according to the Pre-authorized Debit Authorization."

"This Authorization may be cancelled at any time upon notice by the Payor. I (We) acknowledge that, in order to revoke this Authorization, I (We) must provide notice or revocation to BBD 10 working days prior to the next due date of the Pre-Authorized Debit. I (We) may obtain a sample cancellation form, or more information on my (our) right to cancel a PAD Agreement at my (our) Financial institution or by visiting www.cdnpay.ca."

"I (We) acknowledge that provision and delivery of this Authorization to BBD constitutes delivery by the Payor to The Royal Bank. Any delivery of this Authorization to you constitutes delivery by the Payor."

"I (We) undertake to inform BBD, in writing, of any change in the account information provided in this Authorization 10 working days prior to the next due date of the Pre-Authorized Debit (PAD)."

"I (We) acknowledge that The Royal Bank is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I (We) acknowledge that The Royal Bank is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by BBD as a condition to honouring a PAD issued or caused to be issued by BBD on the Payor's account."

"Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payor and BBD the Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"I (We) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my (our) recourse rights, or obtain a form for a Reimbursement Claim, I (we) may contact my (our) financial institution or visit www.cdnpay.ca."