



## Group Benefits Plan Pre-Authorized Debit Agreement

Name of Organization:	Client Code:
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**Authorization**

Note: References in the PAD agreement to “this PAD agreement” include later amendments to it. Reference in this PAD agreement to “we” and “our” refers to the policyholder (payor).  
 We authorize ICBA Benefit Services Ltd. (ICBA Benefits) and the financial institution named above (or any other financial institution we may authorize at any time) to withdraw from our account any payments that we have agreed to make under the policy listed above, and/or as otherwise specified to us made in the PAD agreement as though we had personally signed a cheque. We understand that changes to the policy, including as applicable, to premium amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the amount withdrawn or to be withdrawn from our account. Accordingly, we authorize such increases or decreases, waiving any pre-notification requirement with respect to them. We agree that a photocopy or electronic copy of the PAD agreement will be as valid as the original.

**Signatures**

We certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.

**Account changes**

We will notify ICBA Benefits if our financial institution, transit (branch) or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the change effective date. ICBA Benefits may, but is not obligated to, rely on verbal instructions from us to amend this authorization.

**Confirming withdrawals**

We agree to regularly review our account information and if we question or disagree with the amount withdrawn or any account changes, we will notify ICBA Benefits in writing within 10 days of the withdrawal or account changes; otherwise, we agree that the withdrawal or account changes will be considered to have been properly made.

**Non-sufficient funds (NSF) information**

If funds in our account are not sufficient to cover the total amount due (“due” as an amount owing, or an amount otherwise specified to be withdrawn under this PAD agreement), we authorize ICBA Benefits to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). We understand that we are responsible for any NSF charge(s). We understand that our claims payments will be suspended if our payment is NSF, and our policy will be terminated if payments are NSF for two consecutive months’ premiums.

**Assignment**

We hereby waive any requirement of prior written notice to us by ICBA Benefits of the assignment of ICBA Benefits of this PAD agreement.

**Cancellation**

This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by us to ICBA Benefits, or by ICBA Benefits to us.

**Recourse**

We have certain recourse rights if any debit does not comply with this PAD agreement. For example, 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 our recourse rights, we can contact our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Void cheque attached

Direct deposit form from financial institution attached

Bank account details provided below

Name of Institution:		Branch Address:	
Institution No.	Transit (branch) No.	Account No.	

If this is a joint account, the following section must be completed by both accountholders.

Name of Authorized Person or 1st Accountholder Name:	Name of Authorized Person or 2nd Accountholder Name:
Date signed (mm/dd/yyyy):	Date signed (mm/dd/yyyy):
Signature	Signature

Submit this Authorization, along with a void cheque or direct deposit form (if applicable), and your Participating Employer Application form.