



# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please print in ink

## Policy Information

Policy No.	Name of Policyholder
<input type="text"/>	<input type="text"/>

## Please Tell Us About Yourself

Member/Employee ID	Member/Employee Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Cheque Details for Monthly Pre-Authorized Debits

Please attach a personalized 'VOID' cheque **OR** complete the information below:

Name(s) of Account Holder(s) as shown on Financial Institution records
<input type="text"/>

Address of Account Holder(s)
<input type="text"/>

Name of Financial Institution	Branch Address	City	Prov.	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Institution Number	Transit Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Withdrawal Arrangement

Fixed  Variable

## Recourse

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

## Authorization

I/we, as the Account Holder(s), authorize Industrial Alliance Pacific Insurance and Financial Services Inc. ('IAP') and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax and service charges for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1<sup>st</sup> day of each month or the next business day. I/we agree to notify IAP in writing, if there is any change to the banking information set out above.

**I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. I/we agree that IAP will provide written notice of the amount of the PAD at least three (3) calendar days before the first PAD is debited and before any increase to the PAD amount is debited, except when the increase is due to a change in sales taxes, service charges, or the increase to the PAD amount is a result of my/our request.**

I/we may cancel this PAD Agreement at any time, subject to providing notice to IAP at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. 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](http://www.cdnpay.ca).

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

**X**  
\_\_\_\_\_  
Signature of Member/Employee (must always sign)

**X**  
\_\_\_\_\_  
Signature of all other Account Holder(s) (if a required signatory to this account)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

Please return completed form to

**Industrial Alliance Pacific Insurance and Financial Services Inc., Special Markets Group**

**Address:** 2165 W Broadway, PO Box 5900, Vancouver, BC V6B 5H6

**Toll-Free Telephone:** 1-800-266-5667

**Toll-Free Fax:** 1-888-553-5433

**Email:** [group@iapacific.com](mailto:group@iapacific.com)

**Website:** [www.iapacific.com](http://www.iapacific.com)