

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

We authorize GroupSource and the financial institution designated to begin withdrawals as per our instructions for the monthly regular recurring payments, and/or one-time payments from time to time for payment of all charges arising under our GroupSource account(s). Regular monthly payments for the full amount of services delivered will be debited to our specified account on the day of the month chosen below. We will receive details on the amount of Pre-Authorized Debit via our monthly premium statement(s).

This authority is to remain in effect until GroupSource has received written notification from us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. We may obtain a sample cancellation form or more information on our right to cancel a PAD Agreement at our financial institution or by visiting www.cdnpay.ca.

We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. Should we have any questions or concerns regarding this PAD agreement we may contact GroupSource directly.

Policyholder Name		
Affiliate Organizations		
Street		City
Province	Postal Code	Phone
Fax	Email	

PLEASE ATTACHED A VOID CHEQUE OR CONFIRMATION OF PRE-AUTHORIZED DEBIT INFORMATION FROM YOUR FINANCIAL INSTITUTION.

Financial Institution (FI)		
Branch	Institution	Account Number
Payment Start Date:		
(Payment start date is only required for existing policies. For new policies, the first PAD withdrawal will be the month following the binder premium cheque). Account will be debited on the 10th of each month.		

Authorized Name:	Signature:
Title of Authorized Representative	Date:

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Title of Authorized Representative:	Date:

