

# Pre-authorized debit payment agreement

Please complete this form and submit it along with a voided cheque to People Corporation:

**Email:** [implementation.services@peoplecorporation.com](mailto:implementation.services@peoplecorporation.com)

**Mail:** 1403 Kenaston Blvd, Winnipeg MB, R3P 2P2

Please check one:

- ☐ New pre-authorized debit (PAD) agreement  
☐ Update to an existing PAD account

## Plan sponsor details

Division name: \_\_\_\_\_ Division #: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*The account you choose must have chequing privileges. To ensure your account information is accurately recorded, please attach a voided cheque or a photocopy of a cheque.*

## Pre-authorized debit account details

Financial institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_

## Agreement

People Corporation is authorized to make monthly withdrawals from the account noted on this form. The funds withdrawn will pay for the monthly premium including taxes for the group policy issued by People Corporation to the group policyowner. The premium due will be the amount stated in your monthly invoice.

## Variable PAD amounts

You understand your monthly PAD withdrawals will be variable amounts due to the administrative adjustments that may be processed and reflected on your monthly invoice.

## Timing of payment

Your monthly PAD withdrawals will be processed on the \_\_\_\_\_ business day of each month.

## Waiver

You agree to waive the requirement that the company notify you of:

- this authorization before the first payment is processed
- subsequent payments, and
- any changes to the amount or date of the payment initiated by you or the company.

## Recourse/Reimbursement

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 isn't authorized or not consistent with this pre-authorized agreement. For more information on your recourse rights, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca).

## Cancellation

Your PAD agreement can be cancelled at any time provided written notice is received at least 30 days before the next scheduled PAD.

## Assignment

You agree the company may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed below:

### Account holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

### Joint account holder (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date