



# PARTICIPANT'S PREAUTHORIZED DEBIT (PAD) AGREEMENT

<b>Contract No.</b>

<b>Employer No.</b>

<b>Identification No.</b>

## 1. CLIENT INFORMATION

Participant's last name		First name	
No., street, apt.		City	
Province	Postal code	Tel.	Ext.
Email address			

## 2. BANK ACCOUNT INFORMATION

I will inform La Capitale of any change concerning my financial institution, branch or account number 30 days prior to the scheduled date of the next PAD to allow the payments to continue without interruption.

**Enclose a void cheque.**

## 3. AUTHORIZATION TO MAKE PREAUTHORIZED DEBITS

### Type of PAD agreement

Personal PAD

### Debit characteristics

This is a variable amount PAD. You, as the payor, authorize La Capitale to debit from the bank account indicated the amounts required for payment of the premium, plus taxes and any charges applicable to your insurance contract. Your preauthorized payment frequency will correspond to your billing frequency. The preauthorized payment will take place 15 days following the production of your premium statement.

You also authorize La Capitale to carry out a redraw within 10 days in the event that a preauthorized payment does not clear the account. In such case, an administration fee may be applied.

### Waiver

I hereby waive the right to be notified regarding:

- (1) Authorization before the first payment is processed;
- (2) Subsequent payments; and
- (3) Changes to the amount or date of the preauthorized payment initiated by you or by the company.

### Cancellation

I may revoke my authorization by providing 30 days' notice. To obtain a sample PAD cancellation form, or for more information about my right to cancel a PAD agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).

I understand that the Insurer may terminate this agreement in writing, by providing 30 days' notice.

### Recourse and reimbursement

I agree to contact La Capitale in the event that a PAD is disputed.

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 information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**IMPORTANT:** Please note that it may take up to a maximum of 45 days before a request for change regarding preauthorized debit agreements comes into effect.

## 4. SIGNATURE OF THE ACCOUNT HOLDER(S)

I **confirm** that La Capitale may use the previously submitted banking information in my file. I **confirm** that all persons whose signatures are required for this account have signed this agreement.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of second account holder (if required)

\_\_\_\_\_  
Date (YYYY-MM-DD)

**Please enclose a cheque specimen.**