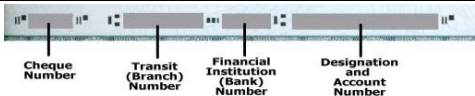


Pre-Authorized Debit (PAD) Agreement

Submit to: Benefit Plan Administrators Ltd. | 90 Burnhamthorpe Rd West, Suite 300 | Mississauga, ON M3J 2W6 | Tel: (905) 275-6466 | Email: claims@bpagroup.com

A. Member Information (Please Print)		
First Name	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Date of Birth (m/d/y)
City	Province	Postal Code
Union ID/CERT ID or Social Insurance Number (SIN)		Country
Email Address		Telephone No.
Marital Status	Married/Common Law <input type="checkbox"/> Single	Cell No.
B. Payee Account Information (Attach Void Cheque to Form)		
Account Holder(s) Name:		
Transit No:	Bank No:	Account No:
C. Authorization		

I/We Acknowledge that this agreement is provided for the Benefit of the “Payee” and “Processing Institution” and is provided in consideration of the Processing Institution agreeing to process debits/credits (“PAD”) against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the “CPA Rules”).

By signing this agreement, I/We request my/our benefits to be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us. I/We warrant and guarantee that the Person(s) whose signature(s) is/are required to sign on the Account have signed the Agreement.

Note: If only one signature is required for this account, then only one Payee is needed to sign. However, if two or more signatures are required, then both or all payees *must* sign.

Payee Signature: _____ Payee (2) Signature: _____

Date: _____ Date: _____

Please complete in full, print, sign, and return by fax: (905) 275- 6462 **or** by email at claims@bpagroup.com



ATTACH VOID CHEQUE HERE

