

Authorization Information for Pre-Authorized Debit ("PAD")

Authorization of the Payor to GroupHEALTH Global Benefit Systems Inc. to Direct Debit/Credit a Customer Account

Our standard practice is to process payments through a PAD that is in strict accordance with the Rules of the Canadian Payments Association. Although premiums are due and payable in advance on the first day of every month, we delay processing your PAD until the 5th day of the month. The PAD ensures that your benefits will always remain in force without interruption and you reduce considerably the amount of administration.

Payor Information

Payor Name		
Address		
Phone		Fax
Name(s) of Account Holder(s)	Signature(s) of Account Holder(s)	Date Signed

*In case of joint accounts, both account holders must sign PAD form.

Payment Type : **PAD** **Visa** **MasterCard**

If paying by Visa or MasterCard, please fill in payor information above you will be contacted by Accounting to obtain your credit card information.

If paying by PAD (debit), please fill in Account Information below or provide a copy of a void cheque.

Client Payor Financial Institution and Account Information

Branch	Institution	Account Number
Name of Canadian Financial Institution		Branch
Branch Address		City, Province Postal Code

Payee Information

Payee Name		
GroupHEALTH Global Benefit Systems Inc.		
Address		
15315 31 Avenue, Surrey, BC, V3Z 6X2		
Phone	Fax	Email
604-542-4110	604-542-4112	accounts.receivable@grouphealth.ca

Payment Information

Payor may extend this authorization to include adjustments that would be processed subsequent to the monthly amount. In the event Payee submits pre-authorized debits for adjustment amounts, Payor would be notified in writing of any such adjustments, including the reason for any such adjustment, within 48 hours.

Adjustments Allowed

No Adjustments Allowed

Please note: There is a \$25 fee for all NSF transactions or declined/expired credit cards which will be applied to your next monthly billing statement if a payment is not honoured.

Payor's Pre-Authorized Debit Agreement

Terms and Conditions

1. In this Agreement, "we", "our" and "us" refers to the Payor indicated above.
2. We agree to participate in this Pre-Authorized Debit Plan and we authorize the Payee indicated above, GroupHEALTH Global Benefit Systems Inc. and any successors or assigns ('GroupHEALTH'), to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "PAD") on our account indicated above (the "Account") at our Financial Institution indicated above (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. We acknowledge that this Agreement and our authorization are provided for the benefit of GroupHEALTH and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association ("CPA"). We agree that any direction we may provide to draw a PAD, and any PAD drawn in accordance with this Agreement shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Agreement at any time upon notice being provided by us either in writing or orally. We acknowledge and agree that to revoke or cancel the authorization provided in this Agreement, we must provide notice of revocation or cancellation to GroupHEALTH. This Agreement applies only to method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and GroupHEALTH.
4. We agree that our Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including amount, frequency, and fulfillment of any purpose of any PAD.
5. We agree delivery of this Agreement to GroupHEALTH constitutes delivery by us to our Financial Institution. We agree that GroupHEALTH may deliver this Agreement to GroupHEALTH's financial institution and consent to the disclosure of any information contained in this Agreement to its financial institution.
6. We understand that with respect to the variable monthly amount of the PAD indicated above, changes to the policy, including as applicable to premium amounts charged, may increase or decrease the monthly amount withdrawn or to be withdrawn from our account. **Accordingly, we authorize such increases or decreases, waiving any pre-notification requirement with respect to them.**
7. We may dispute a PAD by providing a signed declaration to our Financial Institution under the following conditions:
 - (a) the PAD was not drawn in accordance with this Agreement; or
 - (b) this Agreement was revoked or cancelled; or
 - (c) any pre-notification required and not waived by section 6 was not received by us.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a PAD solely with GroupHEALTH, and that our Financial Institution shall have no liability to us respecting any such PAD.
8. We certify that all information provided with respect to the Account is accurate and we agree to inform GroupHEALTH, in writing, of a change in our Account information provided in this Agreement at least ten (10) business days prior to the next due date of a PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement. In addition, we warrant and guarantee, where applicable, that we have the authority to electronically agree to commit to this Agreement by secure electronic signature and that our secure electronic signature conforms with the requirements of Rule H1.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the CPA, or any other rules or regulations which may affect the services described herein, as may be introduced in the future, or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of the services described herein.
12. **We hereby waive any requirement of prior written notice to us by GroupHEALTH of the assignment by GroupHEALTH of this PAD Agreement.**

Full Legal Name of Payor

Signature(s) of Account Holder(s)

Date Signed

*In case of joint accounts, both account holders must sign PAD form

You must return all signed forms to GroupHEALTH to activate your account.