

PRE-AUTHORIZED DEBIT (PAD) APPLICATION

To make your extended health and dental premium payment directly from your account, complete and return this form to the address below.

**College Pension Plan, PO Box 9460
Victoria, BC V8W 9V8**

Note: Green Shield Canada cannot accept line of credit or credit card cheques for pre-authorized payments.

PART 1 – PLAN MEMBER INFORMATION			
Last Name	Middle Initial	First Name	
Email Address	Daytime Phone Number	Person ID Number	
Street Address	City	Province	Postal Code
PART 2 – FINANCIAL INSTITUTION INFORMATION			
<p>You have two options:</p> <ul style="list-style-type: none"> • EITHER attach your sample cheque marked VOID from the account you are authorizing Green Shield Canada to withdraw your premiums from on a monthly basis • OR provide the following information (instructions on where to find these details on your cheque can be found on the reverse of this form). 			
Name of Financial Institution	Transit Number	Bank Number	Account Number
Branch Address	City	Province	Postal Code
PART 3 – PAYMENT AUTHORIZATION			
<p>I authorize Green Shield Canada to withdraw premium payments directly from this bank account on the first business day of each month for that month's coverage. The payor waives the right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of the PAD before the debit is processed. Green Shield Canada may terminate coverage should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. This authority is to remain in effect until Green Shield Canada has received written notification from you. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above. You may obtain a sample cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.</p> <p>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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or by visiting www.cdnpay.ca.</p>			
Bank Account Holder Signature	Date Signed (yyyy-mm-dd)	Second Account Holder Signature (required for joint accounts)	Date Signed (yyyy-mm-dd)

Finding your financial institution information

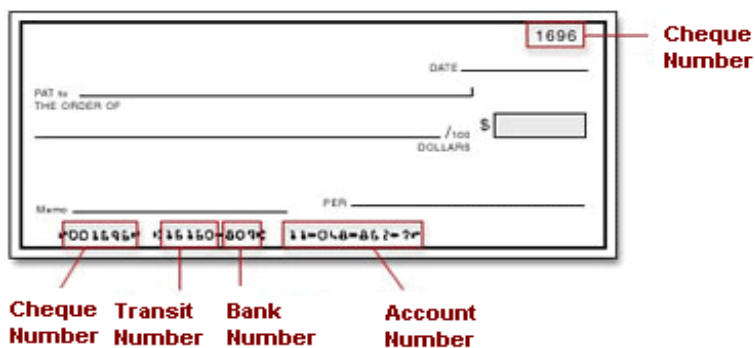
Should you choose to provide banking information for direct payment on the previous page (rather than a VOID cheque), the key numbers can be found on the bottom of your cheque:

Cheque Number – You do not need to provide us with a cheque number.

Transit Number – Your transit number is 5 digits long and identifies your branch.

Bank Number – This 3-digit number identifies your bank.

Account Number – Account numbers are anywhere from 6 to 12 digits long.



If you have any questions, contact Green Shield Canada:

1-800-265-5615 ext. 6835

admin.solutions5@greenshield.ca