



PRE-AUTHORIZED DEBIT APPLICATION FORM

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

**Green Shield Canada – Admin Solutions 5, 8677 Anchor Drive
P.O. Box 1606, Windsor, ON N9A 6W1**

The form can also be emailed to admin.solutions5@greenshield.ca or faxed to GSC at 1.519.739.0688. Please note: we cannot accept line of credit or credit card cheques for pre-authorized payments.

PART 1 – PLAN MEMBER INFORMATION			
Plan <input type="checkbox"/> Teachers' Pension Plan <input type="checkbox"/> College Pension Plan <input type="checkbox"/> Public Service Pension Plan			Person ID Number
Daytime Phone Number		Email Address	
Last Name	Middle Initial	First Name	
Street Address		City	Province Postal Code
PART 2 – FINANCIAL INSTITUTION INFORMATION			
Claims payments are issued in Canadian dollars and are deposited only to Canadian financial institutions. Please note that banking information must be issued by your financial institution (we cannot accept handwritten information). <input type="checkbox"/> A void cheque is attached <input type="checkbox"/> A PAD form issued by my financial institution is attached (must be signed or date stamped by bank)			
PART 3 – PAYMENT AUTHORIZATION			
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 https://payments.ca/ . 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 https://payments.ca/			
Bank Account Holder's Signature	Date (mm-dd-yyyy)	Second Account Holder's Signature (required for joint accounts)	Date (mm-dd-yyyy)

If you have any questions, contact GSC at 1-800-265-5615 ext. 6835 or admin.solutions5@greenshield.ca