

Pre-Authorized Chequing Plan

General Information (Complete one form for each CDSPI Account)

CDSPI Account Number (if known) _____

☐ New PAC Plan ☐ Change to existing PAC plan (check one)

Name(s) of CDSPI Account Owner(s)* _____

**For Corporations: please provide the full name as it appears on your CDSPI invoice.*

Payment Frequency requested (check one): ☐ Annually ☐ Quarterly ☐ Monthly

The account type must be a chequing account in Canadian currency from a Canadian Financial Institution. It cannot be a line of credit account.

Type of Bank Account Debited: ☐ Personal ☐ Business (check one)

A VOID Cheque for the account to be debited MUST be attached. Please complete Certification and Terms and Conditions sections below.

Certification

The owner(s) of the bank account from which payments are to be made must sign below to authorize the debits.

If debits are to be made from a joint bank account and if your financial institution requires both signatures, both bank account owners must sign.

You certify that all people whose signatures are required on this bank account have signed below, including any required joint account owners or corporate signing officers.

If debits are to be made from a corporate bank account, please provide the signatures and titles of two corporate signing officers or the signature and title of one signing officer and the corporate seal.

If the corporation does not have a corporate seal and you are the only person authorized to sign on behalf of the corporation, complete the box for bank account owner #1 and initial in the box provided.

Name and signature of bank account owner #1 or corporate signing officer #1	
Full Name - Please print	Date (MM/DD/YYYY)
Signature	Title (if applicable)

Initial Here (if applicable)	Initial here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You MUST also sign above.
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Name and signature of bank account owner #2 or corporate signing officer #2	
Full Name - Please print	Date (MM/DD/YYYY)
Signature	Title (if applicable)

Terms and Conditions Information about debits from your bank account

In this section, "you" and "your" refer to the owner(s) of the bank account from which debits will be made.

By asking CDSPI to establish an automatic pre-authorized chequing plan to pay the regular premiums, you agree to the following:

- You authorize CDSPI to make debits from your bank account to pay the premium due.
- Except as otherwise stated in this agreement, the debits will occur on the 1st business day of the month in which the premium is due.
- **You waive the right to receive 10 days' notice of the amount and date of each automatic debit to be made from your account.**
- The debits from your bank account can vary in amount. Premium amounts are subject to change.
- If the debit is for personal insurance coverage, then the Pre-Authorized Debit (PAD) is a personal PAD and if the debit is for business insurance coverage, then the PAD is a business PAD.

What CDSPI will do if your bank or financial institution does not honour an automatic debit

If your bank or financial institution does not honour an automatic debit the first time CDSPI presents it for payment, CDSPI will attempt to withdraw that payment again within 10 days from the return of the original debit transaction. If that debit

is not honoured, CDSPI will not attempt another automatic debit but will attempt to contact you. CDSPI will charge \$35 for each debit that is not honoured. CDSPI reserves the right to end the pre-authorized chequing plan immediately if a debit is not honoured.

Making changes to your pre-authorized chequing plan

Changes to the bank account from which the automatic debits are processed can be made by submitting a fully completed Pre-Authorized Chequing Plan form signed by the CDSPI Account Owner(s) and the Bank Account Owner(s) together with a VOID cheque. The form must be received at CDSPI at least 10 days before the next automatic debit date.

Cancelling this agreement

You or CDSPI can end this agreement at any time by giving 10 days notice. For a sample cancellation form or more information about cancelling a pre-authorized chequing plan, contact your bank or financial institution, or visit www.cdnpay.ca.

Unauthorized debits

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 agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Refunds

Note: All refunds are paid by cheque to the CDSPI Account Owner(s).

Your personal information

You authorize us to collect, use, disclose, release and exchange any personal information necessary to fulfill any obligations relating to debits made from your bank account.



By signing, I confirm that I have read and acknowledge these Terms and Conditions.

Signature of Bank Account Owner _____ Date _____

MM/DD/YYYY

Signature of Bank Account Owner _____ Date _____

MM/DD/YYYY

Signature(s) of CDSPI Account Owner(s) _____ Date _____

MM/DD/YYYY

PLEASE RETURN THE COMPLETED FORM TO:

Mail: CDSPI

Attn: Insurance Administration
2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4

Email: insurance@cdspi.com

Fax: 1.866.337.3389 or 416.296.8920 in Toronto

Call: 1.800.561.9401 or 416.296.9401 in Toronto