

# PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION

This form can be used to start PAD or change banking information on Group Benefit policies.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

## 1. GENERAL INFORMATION

Group name

Group number

Division number

## 2. PAD DETAILS

Please select from the following:  New authorization  Change PAD instructions

### FINANCIAL INSTITUTION ACCOUNT TO BE DEBITED

Account shown on the attached void cheque – **PLEASE ATTACH VOID CHEQUE**

### DATE OF WITHDRAWAL

Indicate the day of the month the withdrawal is to be processed\* (1st to 25th) \_\_\_\_\_. If no date is selected, the withdrawals will be on the 10th of the month.

\* The withdrawal from your bank account may occur up to two business days after this date.

## 3. AUTHORIZATION AND SIGNATURES

### I understand and agree that:

- Monthly PAD arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by Empire Life or by me. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca);
- Cancellation of this agreement does not constitute cancellation of service by Empire Life and I shall be liable for any past, present or future amounts owing;
- The PAD applies to regularly scheduled premiums, which are variable and may increase or decrease;
- For the purposes of this agreement, all debits from my account will be treated as business payments.

**For inquiries regarding your Pre-authorized Debit, contact us by phone: 1 800 267-0215, by fax: 1 888 841-9145 or by email: [group.accounting@empire.ca](mailto:group.accounting@empire.ca).**

### I authorize:

- My financial institution to honour any withdrawal (debit) from my account under the PAD;
- Empire Life to withdraw monthly premium payments, as required and as per my instructions; amounts are variable and may increase or decrease.

**I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal.**

**A photocopy or image of the signed authorization and consent will be as valid as the original.**

Completed and signed at (city and province)

Date (dd/mmm/yy)

Signature of authorized company official

X

Name and title (please print)

Signature of second authorized company official (if required)

X

Name and title (please print)

Payments Canada and its participant financial institutions have established terms and conditions found in "**Rule H1**" for the processing of PADs to ensure proper authorization and protect against improper withdrawals.

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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

### Please return to:

Empire Life

Group Accounting

259 King Street East, Kingston ON K7L 3A8

Fax: 1 888-841-9145 Email: [group.accounting@empire.ca](mailto:group.accounting@empire.ca)