



**Personal Pre-Authorized Debit ("PAD")
Agreement/Direct Deposit Authorization
Bank Account Change Form**



To change the bank account used for your pre-authorized debit arrangements complete this form and return it to The Canada Life Assurance Company, Benefits Administration Services - D227 60 Osborne Street N Winnipeg, MB R3C 1V3; Email: BAS@canadalife.com. Please detach the *Plan Members Copy* and keep it for your records.

Plan Member: _____ Plan Sponsor: **PLANNERA RETIREES EXTENDED HEALTHCARE PLAN**
 Plan Member ID: _____ Plan: PS/GE SGEU Retiree (168851) CUPE 600 Retiree (168852) Out-Of-Scope Management Retiree(168854)

Account Information

Name and address of Financial Institution: _____

Transit Number: _____ Bank Code: _____ Account Number: _____

Important Note: Please provide this PAD agreement/direct deposit authorization and an unsigned blank cheque marked "VOID" to Canada Life's Enrolment Services. The completed PAD agreement/direct deposit authorization must be received by Enrolment Services at least 14 days prior to the first withdrawal day.

Terms and Conditions of this Personal PAD agreement/direct deposit authorization

• **Authorization**

Note: References in this form to "this PAD agreement/direct deposit authorization" include later amendments to it.
 I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement/direct deposit authorization as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement/direct deposit authorization or termination and recommencement of automatic payments under this PAD agreement/direct deposit authorization may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. **Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.**

I consent to Canada Life's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement/direct deposit authorization. I agree that a photocopy or electronic copy of this PAD agreement/direct deposit authorization will be as valid as the original.

• **Signatures**

I certify that all persons whose signatures are required to authorize this PAD agreement/direct deposit authorization have signed below, including any required joint account holder.

• **Account changes**

I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.

• **Confirming withdrawals**

I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.

Canada Life's contact information for questions related to these withdrawals is: The Canada Life Assurance Company, Benefits Administration Services - D227; 60 Osborne Street N. Winnipeg, MB R3C 1V3; [Email: BAS@canadalife.com](mailto:BAS@canadalife.com).

• **Non-sufficient funds (NSF) information**

If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement/direct deposit authorization), I authorize Canada Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).

• **Assignment**

We agree that Canada Life shall not assign this PAD agreement/direct deposit authorization without providing at least 10 days prior notice to us.

• **Cancellation**

This PAD agreement/direct deposit authorization may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me.

To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement/direct deposit authorization, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement/direct deposit authorization, contact Canada Life at Enrolment Services, Telephone 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.656.5119.

I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement/direct deposit authorization if this PAD agreement/direct deposit authorization is cancelled for any reason.

Signed at: _____ on _____
 City Province Month Day Year

Name of **account holder**
X _____

Signature of account holder
X _____

Name of **other joint account holder(s)**
X _____

Signature of other joint account holder(s), if required for account
X _____

Plan Members Copy
Please detach this page and keep a copy for your records.

Personal Pre-Authorized Debit (“PAD”) Agreement/Direct Deposit Authorization Bank Account Change Form

Terms and Conditions of this Personal PAD agreement/direct deposit authorization

<ul style="list-style-type: none">• Authorization• Signatures• Account changes• Confirming withdrawals• Non-sufficient funds (NSF) information• Assignment• Cancellation• Recourse	<p>Note: References in this form to “this PAD agreement/direct deposit authorization” include later amendments to it.</p> <p>I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the “Plan(s)”), and/or as otherwise specified to be made in this PAD agreement/direct deposit authorization as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement/direct deposit authorization or termination and recommencement of automatic payments under this PAD agreement/direct deposit authorization may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Canada Life’s collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement/direct deposit authorization. I agree that a photocopy or electronic copy of this PAD agreement/direct deposit authorization will be as valid as the original.</p> <p>I certify that all persons whose signatures are required to authorize this PAD agreement/direct deposit authorization have signed below, including any required joint account holder.</p> <p>I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p> <p>I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>Canada Life’s contact information for questions related to these withdrawals is: The Canada Life Assurance Company, Benefits Administration Services - D227 60 Osborne Street N. Winnipeg, MB R3C 1V3; Email: BAS@canadalife.com.</p> <p>If there is not enough money in my account to cover the total monthly amount due (“due” as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement/direct deposit authorization), I authorize Canada Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).</p> <p>We agree that Canada Life shall not assign this PAD agreement/direct deposit authorization without providing at least 10 days prior notice to us.</p> <p>This PAD agreement/direct deposit authorization may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement/direct deposit authorization, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement/direct deposit authorization, contact Canada Life at Group Major Accounts Administration, Telephone 204.946.8094 or contact our Group Customer Contact Centre at the following toll free number: 1.800.957.9777.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement/direct deposit authorization if this PAD agreement/direct deposit authorization is cancelled for any reason.</p> <p>You have certain recourse rights if any debit does not comply with this PAD agreement/direct deposit authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement/direct deposit authorization. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>
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