

PAD AUTHORIZATION

Pre-Authorized Debit (PAD)

Group Solutions
The Empire Life Insurance Company
259 King Street East, Kingston, Ontario K7L 3A8
Tel: 1 800 267-0215 Fax number: 1 888 841-9145

1. GENERAL INFORMATION	
Group name	Policy number
2. FINANCIAL INSTITUTION ACCOUNT TO BE DEBITED:	
<input type="radio"/> Account shown on the attached void cheque — PLEASE ATTACH VOID CHEQUE	
3. DATE OF WITHDRAWAL	
<input type="radio"/> 10th day of each month (or the next business day)	
4. AUTHORIZATION AND SIGNATURES	
I understand and agree that: <ul style="list-style-type: none">• 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;• 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;• For the purposes of this agreement, all debits from my account will be treated as personal;• To obtain a sample cancellation form or for more information on the right to cancel a PAD arrangement, I may contact my financial institution or visit www.cdnpay.ca.	
I authorize: <ul style="list-style-type: none">• My financial institution to honour any withdrawal (debit) from my account under this agreement;• Empire Life to withdraw monthly premium payments as required, as per my instructions, and I understand that these amounts may be variable and increase or decrease.	
I waive: <ul style="list-style-type: none">• 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)
Be aware that certain recourse rights exist in the event that a debit does not comply with this agreement. 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, please contact your financial institution or visit www.cdnpay.ca .	