

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

We authorize *groupSource* and the financial institution designated to begin withdrawals as per our instructions for the monthly regular recurring payments, and/or one-time payments from time to time for payment of all charges arising under our *groupSource* account(s). Regular monthly payments for the full amount of services delivered will be debited to our specified account on the day of the month chosen below. We will receive details on the amount of Pre-Authorized Debit via our monthly premium statement(s).

This authority is to remain in effect until *groupSource* has received written notification from us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. We may obtain a sample cancellation form or more information on our right to cancel a PAD Agreement at our financial institution or by visiting www.cdnpay.ca.

We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. Should we have any questions or concerns regarding this PAD agreement we may contact *groupSource* directly.

Legal Company Name	_____				
Affiliate Companies	_____				
Street	_____				
City	_____	Province	_____	Postal Code	_____
Phone (_____)	_____	Fax (_____)	_____	Email	_____

Type of Service: Business

<i>Please attach a VOID cheque or confirmation of pre-authorized debit information form from your financial institution.</i>	
Financial Institution (FI)	_____
FI Transit Number	____ / ____ Branch - 5 digits FI - 3 digits
Account Number	_____

Payment Start Date _____ (payment start date is only required for existing policies. For new policies, the first PAD withdrawal will be the month following the binder premium cheque).

Account will be debited on the 10th of each month.

Signature(s) of Authorized Representative(s) _____

Print Name(s) of Authorized Representative(s) _____

Title(s) of Authorized Representative(s) _____

Dated at: _____ on _____ 20 _____

groupSource

Suite 400, 1550 - 5th Street S.W., Calgary, Alberta T2R 1K3

Telephone (403) 228-1644 Fax (403) 228-1968 Toll-free 1-800-661-6195



groupSource is committed to protecting the confidentiality, accuracy and security of the personal information it collects and uses in the course of conducting business.