
PERSONAL PRE-AUTHORIZED DEBIT (“PAD”) PLAN AGREEMENT

PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION (PREPARED IN ACCORDANCE WITH CANADIAN PAYMENTS ASSOCIATION, RULE H1), SIGN AND RETURN, WITH A VOID CHEQUE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT BELAIRDIRECT.

- You have chosen to pay your personal / group benefit plan or travel insurance premium(s) by pre-authorized bank debit (“deduction” or “debit”). The deduction will appear on your bank statement as belairdirect.
- I hereby authorize the financial institution designated to debit my account each month for all amounts payable to belairdirect related to my benefit plan(s) or travel policy(ies) as shared in my Confirmation of Coverage letter. I understand that any change(s) to my coverage(s), including any renewal or addition of policy(ies), benefits or coverage can affect the amount of premium owing, and likewise will impact the amount of my monthly deduction.
- **Where there is a change to my policy, coverage or benefits, where I have missed a payment, or where I have given instructions to change the amount, I hereby waive the requirement to receive prior written notice of the date and amount of the deduction. However, written notice of any change in the amount of my deduction will be provided to me in all cases and in advance wherever possible.**
- This authority is to remain in effect until belairdirect has received written notification from me of change or termination. I can revoke or revise this authorization at any time by providing any such notification by the 15th day of the month, in order to take effect on the next scheduled deduction, at the address listed below. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.
- **belairdirect may assign this authorization to any of its affiliated companies, successors or assigns upon providing written notice to me.**
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- This is not a contract of or for insurance or benefits. This agreement only applies with respect to the method of payment. Termination of this authorization does not terminate my insurance or benefit contract(s).
- **Privacy:** I provide consent on behalf of myself and all named insureds under my policy(ies) for the collection, use and disclosure of our personal information for the purposes of communication, assessing my application(s), evaluating claims, detecting and preventing fraud, marketing of other insurance related products and services available, customer surveying, and otherwise as may be required by law. Some of your personal information may be stored and/or processed by one or more service providers outside of Canada. For more information about our policies and practices regarding our use of personal information and of service providers outside of Canada, please contact our Privacy Officer. A full copy of our privacy statement and the contact information of our Privacy Officer is available at www.belairdirect.com.

Please Print

Group Name:

Policyholder Name

Street Number: Street Name:

City/Town

Province:

Postal Code

Phone Number Residential

Phone Number Business

Extension

Cell Number

For Office Use Only:

Group Number (For office use only):

Member Number (For office use only):

Continued on reverse

Please Provide Financial Information (Please Print)

Financial Institution

Street Number: Street Name:

City/Town Province: Postal Code

Bank Account Information Personal Business

Account Holder Name

**SIGN
HERE**

Account Holder Signature

Date DD/MM/YYYY

For joint account, all depositors must sign if more than one signature is required on cheques issued against the account. If you choose to communicate by email or fax, please be reminded that there is a risk of misdirection or interception in sending personal information by email or fax.

Please Provide Cheque Information As Noted In Example Below

:12345 123: 123 456 71				
Branch Transit:	Bank Number:	Account Number:		
1 2 3 4 5	1 2 3	1 2 3 4 5 6 7 1		

VOID CHEQUE REQUIRED

belairdirect - Group Benefits Administration

MAIL TO:

belairdirect
Group Benefits Administration
PO BOX 4005, STN A
TORONTO ON M5W 0M7

INQUIRE TO:

Toll Free: 1.833 749 1324
Fax: 1-866-226-1430
Email: GroupBenefitsWS@belairdirect.com