

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I authorize the monthly deduction and remittance of premiums from my bank / trust company / credit union account for my contribution toward the cost of the benefits I have selected under the OPC Benefits Program.

Full Name:

OPC Member Number:

School Board:

Name of School (when applicable):

Home Mailing Address:

Bank Name:

Branch Address:

Bank Account Number:

Your treatment of each debit shall be the same as if I had personally directed you to pay the amount owing and to debit my account. Any delivery of this authorization to you constitutes delivery by me.

If, for any reason, sufficient funds cannot be withdrawn from my bank account, I agree to pay a \$10 administration fee **plus** any fees as charged directly to me by my bank.

If for any reason a refund is payable to me, I authorize the transfer of the funds to the account from which it was withdrawn.

I may cancel this authorization at any time upon written notice to the OPC.

Signature: _____

Date Signed: _____

Signature: _____

Date Signed: _____

(if required for Joint Account)

YOU MUST ATTACH A "VOID" CHEQUE OR PRE-AUTHORIZED PAYMENT FORM FOR THIS AUTHORIZATION TO BE EFFECTIVE