

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
BANK ACCOUNT CHANGE FORM**

To initiate a pre-authorized debit agreement or to change the bank account used for your pre-authorized debit arrangements, complete this form and return to OPC Benefits.

Full Name (OPC Member): _____ OPC Number: _____

Account Information

Name and address of Financial Institution: _____

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

Important note: You must attach a void cheque or pre-authorized transaction form from your financial institution for this authorization to be effective.

Your monthly withdrawals will be processed on/around the first business day of each month.

Terms and Conditions of this PAD Agreement

<p>Authorization</p>	<p>I, the account holder(s) authorize the withdrawal and remittance of premiums from my bank/trust company/credit union account for my contribution toward the cost of the coverage I selected under the OPC Benefits program.</p> <p>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.</p> <p>I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
<p>Signatures</p>	<p>I certify that all persons whose signatures are required to authorize pre-authorized debits on the account have signed below, including any required joint account holder.</p> <p>Physical or electronic signature only</p>
<p>Account changes</p>	<p>I will notify OPC Benefits if my financial institution, branch, or account number changes. To continue withdrawals without interruption, notice of any change is required at least 14 days before the next withdrawal date.</p>

Non-sufficient funds (NSF)	<p>If for any reason, sufficient funds cannot be withdrawn from my bank account, I agree to pay a \$10 administration fee.</p> <p>In addition, if there is insufficient funds in my account to cover the total monthly amount due, I authorize OPC Benefits to withdraw the amount outstanding together with the current premium and NSF fee on/around the first of the following month. If the second attempt also return NSF, I understand that pre-authorized payments may be suspended, and coverage possibly terminated, after notification.</p> <p>If pre-authorized payments are suspended, OPC Benefits, in its sole discretion, may temporarily offer another form of payment on a non pre-authorized basis.</p> <p>I understand that I am responsible for any NSF charge(s) directly from my bank.</p>
Reinstatement of coverage	<p>If for any reason the coverage is terminated and is eligible for subsequent reinstatement, I agree to the withdrawal of any outstanding premium due prior to the reinstatement, and following notification from OPC Benefits.</p>
Refunds	<p>If for any reason a refund is payable to me, I authorize the transfer of funds to the account from which it was withdrawn.</p>
Cancellation	<p>I may cancel this authorization at any time upon written notice to the OPC.</p>

Signed at _____
City **Province**

on _____
Month **Day** **Year**

Name of **account holder**

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

Signature of **account holder**

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

Please return completed form via:
 Fax: 1-866-445-9249 or Email: opcbenefits@principals.ca