PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

The Payor named under the Pre-Authorized Debit (PAD) section on the Application form agrees that :

(a) The Edge Benefits Inc. (the "Administrator") is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, if requested in the Application, against the account at the financial institution provided under the Pre-Authorized Debit section on the Application, or any other financial institution that the Payor(s) may later designate;

(b) **The Edge Benefits Inc is not required to provide notification before the initial premium is debited, or if the amount of withdrawal should vary;**

(c) unless otherwise indicated under the Pre-Authorized Debit section on the Application, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies;

(d) the financial institution indicated in the Pre-Authorized Debit section on the Application, is authorized now or at any subsequent time to honour any requests made by the Administrator to withdraw premium or fees from the account indicated in the Pre-Authorized Debit section on the Application, which may include a redraw within 30 days should any withdrawal not clear the account;

(e) notification of any change to the account information provided in the Pre-Authorized Debit section on the Application, shall be given to the Administrator by the Payor(s), at a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize the Administrator to deduct such payments from another account upon the Payor's oral or written instructions;

(f) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by the Administrator or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at www.cdnpay.ca;

(g) in the event that a PAD is disputed, the Payor(s) agrees to contact the Administrator. For recourse purposes, this PAD is considered a Personal PAD. The Payor(s) has certain recourse rights if any debits do not comply with this agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.cdnpay.ca;

(h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included in the Pre-Authorized Debit section on the Application.

A $25.00 Service Fee will be applied to all NSF cheques.

Withdrawal Date: _____ *Select a date between the 1st and 28th of the month.*

Name of Insured _____

Banking Information
Please attach specimen cheque marked VOID

_____	_____	_____	_____
Branch address	City	Province	Postal Code
_____	_____	_____	_____
Name of Bank/Institution	Transit Number	Institution Number	Account Number

Dated at _____this _____day of _____year_____

Print Name of Payor (Account Holder)

_____

Print Name of Second Payor (Account Holder) (if any)

_____

Signature of Payor (Account Holder)

_____

Signature of Second Payor (Account Holder) (if any)

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