



Please send completed forms to:

Kechnie Benefits
 262 Queen Street South
 Kitchener ON N2G 1W3
 T: 519 571-2020 | 866 710-7080
 F: 519 571-2424 | 866 710-7888

Pre-Authorized Debit Plan

Section 1 Plan Sponsor Information

Plan Sponsor (the "Payor")			Group/Firm Number
Contact Person	Phone Number	E-mail Address	
Address			
City/Town	Province	Postal Code	Telephone

Section 2 Payor's Banking Information

IMPORTANT: Please attach an unsigned "VOID" cheque. Only original documents will be accepted for this PAD Agreement.

<input type="radio"/> New PAD Agreement <input type="radio"/> Change to existing PAD agreement		Effective Date (d/m/y)
Name of Financial Institution	Branch Address	
Transit Number	Institution Number	Account Number

Section 3 Payee Information

Kechnie Benefits	262 Queen Street South, Kitchener, ON N2G 1W3
Payee Name	Address
519 571-2020	1 866 710-7080
Telephone Number	Toll Free

Section 4 Termination of PAD Agreement

Please note that once you terminate this agreement you will need to complete a new PAD Agreement to resume pre-authorized contributions.

<input type="radio"/> I would like to cancel this PAD Agreement. Please stop withdrawals.	Effective Date (d/m/y)
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Please make sure you have signed and dated page 2 (reverse side)

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Section 5 Acknowledgement

The payor acknowledges that this authorization is provided for the benefit of the payee, Kechnie Benefits, and the processing institution and is provided in consideration of the processing institution agreeing to process the debits against the payor’s account set out above in accordance with the rules of the Canadian Payments Association.

1. The payor acknowledges that provision and delivery of this authorization to Kechnie Benefits constitutes delivery by the payor to the processing institution.
2. The payor certifies that the above banking information is accurate and complete. A specimen cheque, marked “void”, has been attached to this authorization. The payor agrees to inform Kechnie Benefits in writing of any change in the account information 10 days prior to the next due date of the PAD.
3. The payor warrants and guarantees that all persons whose signatures are required to sign on this account have signed this authorization and that all persons signing this authorization are authorized signing officers empowered to enter into this agreement.
4. The payor hereby authorizes Kechnie Benefits to issue pre-authorized debits drawn on this account with the processing institution, for the following purpose:
 - Payment of insurance premiums, as previously agreed upon.
 The payor authorizes the processing institution to deal with these withdrawals as if they were signed by the payor.
5. The payor and Kechnie Benefits agree that the amount of the PAD authorized by this authorization may vary from month to month, according to the amount of premium due by the payor, according to policy administration information supplied by the payor. The payor agrees that no pre-notification is required to change the amount of the debit.
6. The payor acknowledges that the processing institution is not required to verify that a PAD has been issued in accordance with this authorization including, but not limited to, the amount; nor is the processing institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Kechnie Benefits.
7. This authorization may be revoked by the payor upon 10 days’ written notice. Revocation does not terminate the insurance contract. This authorization applies only to the method of payment and does not otherwise have any bearing on the insurance contract.
8. This PAD may be disputed by the payor if:
 - i) the debit was not drawn in accordance with the authorization
 - ii) this authorization was revoked prior to the debit
9. The payor must provide a declaration to the processing institution that either i) or ii) has taken place within a delay of 10 business days from the date on which the debit in dispute was posted to the payor’s account. The payor acknowledges that a claim on the basis that this authorization has been revoked, or any other reason, is a matter to be resolved solely between the payor and Kechnie Benefits when disputing any PAD after such 10-day delay.
10. The payor consents to the disclosure of any personal information contained in this authorization to Kechnie Benefits’ bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.
11. The payor acknowledges receipt of a copy of this authorization, and understanding, acceptance and participation in a PAD plan.
12. A \$25.00 administration fee will be charged to all NSF withdraws.

Section 6 Signature

Signed at	This day of	
City/Province	d/m/y	Payor
Name of Signer	Title	Signature

For Kechnie Office Use Only:

Date Received: _____ Date Processed: _____ Administrator Initials: _____