



Public Service Health Care Plan for Veterans Affairs Canada Personal Pre-Authorized Debit (“PAD”) Agreement Bank Account Change Form

First and last name: Plan Number(s):
 VAC Certificate number:

Account information

Name and address of financial institution:

 Transit number: Financial institution Code: Account number:

Important note: Please provide this PAD agreement, an unsigned blank cheque marked “VOID” or a printout of banking information from your financial institution to Canada Life’s Benefits Administration Solutions. They must be received by Benefits Administration Solutions at least 14 days prior to the first withdrawal day.

Terms and conditions of this Personal PAD Agreement

<ul style="list-style-type: none"> • Authorization 	<p>Note: References in this form to “this PAD agreement” include later amendments to it.</p> <p>I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the Public Service Health Care Plan (PSHCP), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Canada Life’s collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
<ul style="list-style-type: none"> • Signatures 	<p>I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.</p>
<ul style="list-style-type: none"> • Account changes 	<p>I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p>
<ul style="list-style-type: none"> • Confirming withdrawals 	<p>I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>Canada Life’s contact information for questions related to these withdrawals is: The Canada Life Assurance Company, Benefits Administration Solutions-D227 PO Box 6000 Station Main Winnipeg MB R3C 3A5, telephone 1-855-415-4414.</p>
<ul style="list-style-type: none"> • Non-sufficient funds (NSF) information 	<p>If there is not enough money in my account to cover the total amount due (“amount due” meaning the amounts owing related to my coverage under PSHCP), I authorize Canada Life to make subsequent attempts to withdraw the amount due (which include prior months’ payments that were uncollected). If subsequent attempt(s) are also returned NSF, I understand that this PAD agreement may be suspended or cancelled, and coverage under PSHCP may be suspended or terminated by Canada Life. I understand that I am responsible for any NSF charge(s).</p>
<ul style="list-style-type: none"> • Cancellation 	<p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit payments.ca. To obtain more information on your PAD agreement, contact Canada Life at Benefits Administration Solutions, telephone 1-855-415-4414.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p>
<ul style="list-style-type: none"> • Recourse 	<p>You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, contact your financial institution or visit payments.ca.</p>

Signed at: _____ on _____
City Province Month Day Year

Name of account holder _____ Name of other joint account holder(s) _____
 X _____ X _____
 Signature of account holder _____ Signature of other joint account holder(s), if required for account _____
 X _____ X _____

Plan Member's Copy
Please keep a copy of this page for your records.

Public Service Health Care Plan for Veterans Affairs Canada
Personal Pre-Authorized Debit ("PAD") Agreement

Terms and conditions of this Personal PAD Agreement

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• Signatures	I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.
• Account changes	I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.
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