



Pre-Authorized Debit (PAD) Agreement

GROUP/PAYOR INFORMATION	
Name of Group/Participating Employer _____	
Group Policy Number _____	Division Number _____
Authorized Plan Administrator _____	
Authorized Plan Administrator's e-mail address for billings _____	
PAYOR'S ACCOUNT INFORMATION	
Type of Account: Current <input type="radio"/> Savings <input type="radio"/> Chequing <input type="radio"/> Other <input type="radio"/> _____	
Account No _____	
Branch Transit No. _____	Financial Institution No. _____
Name of Financial Institution _____	
Address of Financial Institution _____	
No. & Street City	
Province Postal Code	
<<< ATTACH A VOIDED BLANK CHEQUE TO THIS FORM >>>	

P.A.D. Authorization:

I authorize RWAM Insurance Administrators Inc. (RWAM) to debit the bank account identified above and/or shown on the attached void cheque for all monthly invoiced premiums (**variable amount**) and any applicable taxes **on or about the 1st business day of every month**, for payment of the above named group/participating employer's group employee benefits plan. I understand this authorization may be cancelled by providing written notice to RWAM at the address indicated below, at 30 days prior and no less than 10 days prior to the next scheduled debit.

I have waived the right to pre-notification of at least 10 days before my first PAD; however RWAM will send me monthly written invoices identifying any new premium amount/rate change at least 10 days before each and any change in the amount of my PAD.

My authorization may be revoked at any time in writing, subject to providing a notice period of 30 days to RWAM. To obtain a sample cancellation form or for information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I understand I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. If I wish to obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

These services are for (check one): Business Use Personal Use

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

If joint account, additional signature required

Return to/contact: RWAM INSURANCE ADMINISTRATORS INC.

Attention: Laura Kindrat

49 Industrial Drive Elmira, Ontario N3B 3B1

Fax: 519-669-1923 Ph: 519-669-1632 or Toll-free: 1-877-888-7926

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