



## Request for Pre-Authorized Debit (PAD) Plan

I request and authorize FaithLife Financial to make withdrawals against the bank, credit union or trust company account specified on the **Attached Void Cheque**, or any account subsequently named by me, and such banking institution to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this policy(ies).

If the said account is replaced by an account in another banking institution, this request and authorizations shall also apply to such other banking institution.

Policy Number	On the Life of	Amount (Investment or Universal Life Policies only)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

New PAD  **OR** Add to existing PAD for FaithLife policy number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Details

Withdrawal Arrangements (Variable PAD)

I/we agree to the debiting of my/our account on the \_\_\_\_\_ of each month or the next business day (1st - 28th).

### Bank Account Information

Void Cheque Attached  **OR** See Bank Account Information as completed below.

Name of Payor(s): \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account Number:

Branch Transit Number:

Institution Number:

**1. I/we authorize FaithLife Financial to, at any time, begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising from this agreement.**

**2. If a pre-authorized payment is returned due to insufficient funds (NSF), FaithLife Financial is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment.**

3. I/we agree that, for the purpose of this agreement, all pre-authorized debits from my/our account will be treated as Personal.

**4. I/we waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.**

5. I/we acknowledge that I/we may cancel this Authorization for automatic withdrawal at any time, subject to providing FaithLife Financial with 30 days' notice in writing. I/we may contact my/our financial institution about my/our rights regarding cancellation. (A sample cancellation form is available at [www.cdnpay.ca](http://www.cdnpay.ca))

6. Any cancellation of this automatic withdrawal arrangement will not affect the agreement between me and FaithLife Financial whatsoever with respect to any contract for goods or services, so long as payment is provided by an alternate method.

Signature of Payor\*: \_\_\_\_\_

Signature of Joint Payor (if applicable)\*: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\*If the Payor is a business, the name of the business and the signature of Signing officer(s) of the business is required above.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).