

Pre-authorized debit (PAD) agreement



IMPORTANT (Please read carefully)

I/We authorize Gestion Vigilis, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin variable deductions as instructed for regular recurring insurance premium payment. Regular monthly payments will be debited to my/our specified account on the 1st day of each month. Premiums payments are subject to the insurance provisions outlined in the contract. Gestion Vigilis requires 10 days written notice to make any alterations or changes to this PAD Agreement.

I/We may revoke my/our PAD authorization at any time by providing 10 days written notice. To obtain a cancellation form, or for more information on my/our right to cancel this PAD Agreement, I/we may contact my/our financial institution, Gestion Vigilis or visit www.cdnpay.ca.

Life Insurance, Critical Illness Insurance, Long Term Disability Insurance, Office Overhead Insurance, Health and Dental Insurance Policies.

I/We have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PAD(s) before the debit is processed.

The re-presentment of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and cannot be changed until the next policy anniversary. The proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD Agreement is required to return to the PAD method of payment.

I/We have certain recourse rights if any debit does not comply with this agreement. 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, Gestion Vigilis or visit www.cdnpay.ca.

If the policy/account is for individual coverage, then the PAD will be setup as a personal PAD and if the policy/account is corporately owned, then the PAD will be setup as a business PAD.

Insured / Policy owner information (Please print.)

Main insured:

Policy Number(s) or Identification Number:

Policy owner - Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Signature of policy owner(s):

Date:

Signature of policy owner(s):

Date:

Payor / account holder information (Please print.)

Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Address (number, street, apartment number, city, province, postal code):

Category of service: Personal Business

_____ Please initial to confirm that you are the only signature authorized for the firm.

Signature of account holder(s):

Date:

Signature of account holder(s):

Date:

Bank account information (Please attach a personalized VOID CHEQUE.)

Name of financial institution (FI):

FI Transit number (branch: 5 digits / institution: 3 digits):

FI Account number:

Address of branch: