



Pre-Authorized Payment Plan

Customer Information

Company Name: _____

Company Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Bank Account Information

Financial Institution (FI): _____

Branch Address _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Account Number: _____ Transit Number: _____ Bank Number: _____

Pre-Authorized Debit Authorization

Unless otherwise indicated, these services are for business.

BBD is hereby authorized to process a debit, in paper, electronic or other form as follows:

- Variable amount: "\$X.xx" with "variable payment amount \$X.xx" being stated on a statement available to the company at www.bbd.ca at least 10 calendar days prior to the debit date. To obtain the ID code to access your statement, please contact your Account Manager.
- To be drawn on the above account on the 1st day of each month commencing _____
If not indicated, the 1st withdrawal will be on the first day of the month following the effective date of the group insurance policy.

I (we) acknowledge that I (we) have read, understand, and agree to all the provisions contained in the terms and conditions of the Pre-Authorized Debit Plan and that I (we) have received a copy of such terms and conditions.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Please return completed form and void cheque to BBD:

Head Office:

500 - 2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9
Tel:(604)464-0313 • Fax:(604)464-7997 • Toll Free:(800)668-2295
www.bbd.ca

Ontario Office:

Suite 3 - 55 Rideau Street, Kingston, Ontario K7K 2Z8
Tel:(613)530-2422 • Fax:(613)530-3770 • Toll Free:(888)272-0413
www.bbd.ca



Pre-Authorized Debit Plan Terms and Conditions

TO BE RETAINED BY PAYOR

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and The Royal Bank and is provided in consideration of The Royal Bank agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association."

"I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement."

"I (We) hereby authorize BBD to draw on the Payor's account number according to the Pre-authorized Debit Authorization."

"This Authorization may be cancelled at any time upon notice by the Payor. I (We) acknowledge that, in order to revoke this Authorization, I (We) must provide notice or revocation to BBD 10 working days prior to the next due date of the Pre-Authorized Debit. I (We) may obtain a sample cancellation form, or more information on my (our) right to cancel a PAD Agreement at my (our) Financial institution or by visiting www.cdnpay.ca."

"I (We) acknowledge that provision and delivery of this Authorization to BBD constitutes delivery by the Payor to The Royal Bank. Any delivery of this Authorization to you constitutes delivery by the Payor."

"I (We) undertake to inform BBD, in writing, of any change in the account information provided in this Authorization 10 working days prior to the next due date of the Pre-Authorized Debit (PAD)."

"I (We) acknowledge that The Royal Bank is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I (We) acknowledge that The Royal Bank is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by BBD as a condition to honouring a PAD issued or caused to be issued by BBD on the Payor's account."

"Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payor and BBD. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"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, or obtain a form for a Reimbursement Claim, I (we) may contact my (our) financial institution or visit www.cdnpay.ca."

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