

BUSINESS PRE-AUTHORIZED DEBIT (PAD) - PAYOR'S AUTHORIZATION

CINUP Group Insurance



1 Employer Information	Employer (the "Payor")				
	Payor's address (number, street)		City or Town	Province	Postal Code
	Division number	Employer number			
	Plan Administrator	Email address	Phone number ()		
2 Payor's Banking Information	Effective date (dd/mmm/yyyy)		Monthly withdrawal date (Circle one) 5th 10th		
	Name of Financial Institution (Processing Institution)				
	Address				
	Branch #	Bank Number	Account Number		
3 Acknowledgment	<p>The Payor acknowledges that this Authorization is provided to MGI Financial Inc. ("MGI Financial"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of the Canadian Payments Association.</p> <ol style="list-style-type: none"> The Payor acknowledges that provision and delivery of this Authorization to MGI Financial constitutes delivery by the Payor to the Processing Institution. The Payor agrees to inform MGI Financial in writing of any change in the Account information 5 days prior to the contribution being submitted. The Payor warrants and guarantees that all persons whose signatures are required to sign on this Account have signed this Authorization and that all persons signing this Authorization are authorized signing officers empowered to enter into this agreement. The Payor hereby authorizes MGI Financial to issue Pre-Authorized Debits drawn on this Account with the Processing Institution, for the following purpose: <ul style="list-style-type: none"> - Payment of Group Insurance premiums, as submitted by the Plan Administrator for the Employer noted in Section 1. - The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor. The Payor and MGI Financial agree that the amount of the PAD may vary from month to month according to the Employee Group Insurance information submitted by the Payor and that the Payor will receive at least 10 calendar days notice before the due date from the Payee of the amount to be debited. The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by MGI Financial. This Authorization may be revoked by the Payor upon 10 days' written notice. Revocation does not terminate the Group Policy. This Authorization applies only to the method of payment and does not otherwise have any bearing on the Group Policy. This PAD may be disputed by the Payor if: <ol style="list-style-type: none"> the debit was not drawn in accordance with this Authorization; or this Authorization was revoked prior to the debit. <p>The Payor must provide a declaration to the Processing Institution that either i) or ii) has taken place within a delay of 10 business days from the date on which the debit in dispute was posted to the Payor's account. The Payor acknowledges that a claim on the basis that this Authorization has been revoked, or any other reason, is a matter to be resolved solely between the Payor and MGI Financial when disputing any PAD after such 10-day delay.</p> The Payor consents to the disclosure of any information contained in this Authorization to MGI Financial's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit. The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation of this Pre-Authorized Debit. 				
4 Signature	Signed at _____ this _____ day of _____, 20____.				
	Per (payor signature)	Name	Title		
	Per (second payor signature, if required)	Name	Title		