



## PRE-AUTHORIZED PAYMENTS

# SIMPLIFY YOUR PAYMENTS AND SAVE!

You'll never have to worry about keeping your Chambers Plan benefits in effect if you sign up for pre-authorized payment (PAP)! Most of our customers already enjoy the convenient "PAP" option. Authorize your monthly premiums to be paid automatically from your bank account, and you'll:

- Save time** – no monthly cheques to write
- Save postage** – no envelopes to mail
- Save headaches** – no worries about payment deadlines that *could* affect your coverage.

If changes affect the amount of your monthly premium (like adding an employee), we'll send you a billing statement detailing your new total. And, if you have questions about your statement, we're just a phone call away with the answers.

Use this form to choose *PAP* and start **saving** today.

582 King Edward Street, Winnipeg, MB R3H 0P1  
1 800 665-3365 Toll Free Fax: 1 800 457-8410  
In Winnipeg (204) 774-6677 Fax: (204) 774-6698  
[www.chambers.ca](http://www.chambers.ca)

## REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

Company Name \_\_\_\_\_ Firm Number \_\_\_\_\_

Contact Name (Please Print) \_\_\_\_\_  
FIRST INITIAL LAST

I authorize the Chambers of Commerce Group Insurance Plan to make withdrawals for the payment of monthly premiums.

I authorize the Chambers of Commerce Group Insurance Plan to debit the account below on the 1st day of each month. **I have attached a sample cheque, marked "VOID"** to verify the necessary bank account details. The monthly debit is for group insurance premium. The amount may be variable and I will receive notice of the debit by mail approximately 3 business days before the 1st of each month. However, I will not receive notice of subsequent months' debits until such time as the amount changes.

I understand that this agreement may be revoked at any time by providing 30 days written notice. I understand that 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 agreement. I understand that I may obtain further information on my right to cancel / recourse rights by contacting my financial institution, or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

## BANK ACCOUNT INFORMATION

Account Number \_\_\_\_\_ Transit Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**The account you choose must have chequing privileges.**