



# GROUP APPLICATION FOR OR CHANGE TO PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This agreement is for (check one):  NEW PAD  ADDITION TO EXISTING PAD  CHANGE TO PAD/BANK INFORMATION

PAYOR INFORMATION (please print clearly)	
POLICYHOLDER	PHONE #
STREET ADDRESS	
CITY AND PROVINCE	POSTAL CODE

BANK ACCOUNT INFORMATION	
PLEASE ATTACH A SAMPLE CHEQUE MARKED 'VOID' and/or complete the following:	
NAME OF ACCOUNT HOLDER	
FINANCIAL INSTITUTION (F.I.)	
BRANCH ADDRESS	
CITY AND PROVINCE	POSTAL CODE
TYPE OF ACCOUNT (must allow electronic debits)	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHEQUING
TRANSIT NO.	F.I. NO. ACCOUNT NO.

PAD DETAILS: All Group Premiums will be withdrawn on the 1st of each month, or the next business day according to the Balance Due on the most recent billing statement.		
Group Policy #	Group Account #	Name of Group Policyholder/Account Holder

FOR HEAD OFFICE USE ONLY
PAD No.
First Withdrawal Date

**CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION**

We consent to Wawanesa Life collecting, using and disclosing our personal information for the purposes of: receiving payments on account of insurance premiums, depositing funds into our account; establishing and maintaining communications with us; detecting and preventing fraud; compiling statistics and acting as required or authorized by law.

Further information about Wawanesa Life's Personal Information Protection Policy can be obtained from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).

AUTHORIZATION AND SIGNATURES		
The Wawanesa Life Insurance Company is requested and authorized to make monthly withdrawals from the account designated above or from any subsequently designated account in order to make Group Premium payments, under the following terms:		
<ol style="list-style-type: none"> <li>Withdrawals are to be made for Business purposes only.</li> <li>You, the Payor, may revoke your authorization at any time, subject to providing written notice of ten (10) days to Wawanesa Life. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. For more information on your recourse rights, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>You, the Payor, should keep a copy of this PAD Agreement for your records and a signed paper or electronic copy should be sent to Wawanesa.</li> </ol>		
Authorized Signature for the Account	Name of Signing Authority (please print)	Date
Additional Authorized Signature for the Account (if applicable)	Name of Other Signing Authority (please print)	Date

**PLEASE RETURN FORM TO:**  
P.O. BOX 1640  
Windsor, ON N9A 0C8

**CONTACT INFORMATION:**  
Tel. 1.800.665.7076