



OTIP Benefits Services
 125 Northfield Drive West
 PO Box 218
 Waterloo ON N2J 3Z9
 1.866.783.6847 | www.otip.com

Pre-authorized Debit (PAD) Payment

IMPORTANT: (Please print all answers)

1. Please complete ALL SECTIONS and sign the authorization section below. If you completed Section 3, you do not need to enclose a "VOID" cheque.
2. You can mail this completed form to OTIP Benefits Services or fax it to 1-866-404-6847.
3. Your first withdrawal will include your current month's premium and if applicable, any unpaid premiums dating back to your coverage effective date.
4. If required, retain a photocopy for your files.

SECTION 1: MEMBER BASIC PERSONAL INFORMATION

Plan Member Name (First, Middle Initial and Last) _____

Address (Number, Street and Apt.)		City/Town	Province	Postal Code		
Home Telephone Number	Work Telephone Number	Email Address				
OTIP Identification/Certificate Number	Plan Number	Plan Sponsor				

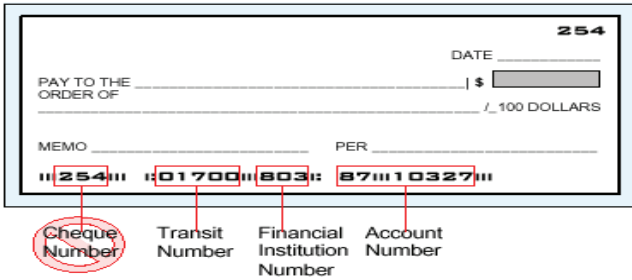
Indicate the OTIP product name/type (e.g. RTIP/ARM, LifePlan 10, Occasional Employee, etc.) _____

SECTION 2: PAYOR INFORMATION Check this box if information is the same as above

Payor's Name (If different from above) _____

Address (Number, Street and Apt.)		City/Town	Province	Postal Code		
Home Telephone Number	Work Telephone Number	Email Address				

SECTION 3: FINANCIAL ACCOUNT INFORMATION (No void cheque is required if this section is completed.)



Transit Number
Financial Institution Number
Account Number
Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings

SECTION 4: PRE-AUTHORIZED DEBIT PAYMENT AUTHORIZATION

Definitions: "Business Day" means any day except Saturday, Sunday or any other day when financial institutions are generally closed for the transaction of business in the Province of Ontario.

1. I (the "Payor") hereby authorize OTIP/RAEO Benefits Incorporated ("OTIP") to withdraw monthly premium payments ("Personal PAD") from my account on the first day of the month (or next business day) as well as any revised payment amounts or any other amounts that may be due and owing by me.
2. If my payment is returned by my financial institution, for any reason, not limited to non-sufficient funds, I understand that a \$25 OTIP administration fee for each payment returned may be added to the outstanding balance owed.
3. If my payment is returned or stopped, I understand that I will be notified and any outstanding amounts (including the \$25 OTIP admin fee per returned payment) will be automatically withdrawn from my account the following month.
4. OTIP may terminate coverage should a withdrawal be refused for any reason and the financial institution shall in no way be held liable for non-payment of premiums should such an event occur.
5. I understand and accept that premium amounts are subject to changes made to the overall insurance policies which are communicated to me at renewal, or due to changes I elect and that OTIP will automatically apply and deduct the new premium amount from my account and I agree to waive any other notice of premium changes.
6. This authorization shall remain valid unless cancelled by me in writing to OTIP at least ten (10) business days prior to the next Personal PAD from my account. I understand that cancellation of this authorization does not relieve me of my obligation to pay all amounts that may be owing to OTIP by a method of payment that is satisfactory to OTIP.
7. I have certain recourse if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any withdrawal paid to OTIP that is not authorized or is not consistent with this PAD agreement. To obtain more information about my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
8. I warrant OTIP on a continuing basis that all persons authorized to sign on this Personal PAD Account have authorized this agreement, agreed to all terms therein and that the information provided with regard to this Personal PAD Account is accurate and complete.
9. I undertake to notify OTIP of any changes to my chequing/savings account information, including change of name, at least ten (10) business days prior to the next Personal PAD from my account to ensure changes take effect.

Signature of Account holder(s) _____

Date (mm/dd/yyyy) _____