



**THE UNITED CHURCH OF CANADA
BENEFITS AND PENSION PLANS
Pre-Authorized Debit (PAD) Agreement - Employers**

1. Employer Information "Payer" (Please Print Clearly)

Name of the Employer: _____

Employer Number: _____ Benefit Centre Code: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person's Name: _____

Telephone Number: _____

Email address: _____

2. Payer Financial Institution Account Information

Please Provide "VOID" Cheque or complete the below information

Deposit Account Number:

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Branch Transit Number:

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Financial Institution Number:

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Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payer authorize The United Church of Canada Benefits Centre to debit the financial institution account for a stated amount invoiced each month to maintain Benefits coverage for your Employees.

You the Payer may revoke your authorization at any time, subject to providing 30 days' notice. To obtain a sample cancellation form, or for more information on your right to cancel this PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder (Payer)

Signature of Joint Account Holder (if appropriate)

Name (Please Print)

Name (Please Print)

Date

Date

You have certain recourse rights if any debit does not comply with this PAD 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. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

The completed PAD Agreement should be sent by mail, email or fax to: The United Church of Canada, Pension and Benefits Centre, 200 - 3250 Bloor Street West, Ontario, L3R 8C7, Tel: 1-855-647-8222 Email: benefits@united-church.ca.