

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please print, complete and sign

MEMBER INFORMATION

Last Name	Given Name	Initials	Employer (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 1 PROVIDE DETAILS FOR MONTHLY PRE AUTHORIZED DEBITS

ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW

ACCOUNT DETAILS

Name(s) of Account Holder(s) as shown on Financial Institution records			
<input type="text"/>			
Street Address of Account Holder(s)	City	Prov.	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Financial Institution			
<input type="text"/>			
Street Address of Branch	City	Prov.	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution Number	Transit Number	Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

WITHDRAWAL ARRANGEMENT

Fixed Variable

STEP 2 REVIEW AND PROVIDE AUTHORIZATION

RECOURSE

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. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Professional Pilot Insurance Plan (PPIP) and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax and service charges for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify PPIP in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. I/we agree, PPIP will provide written notice of the amount of the PAD at least three (3) calendar days before the first PAD is debited and before any increase to the PAD amount is debited, except when the increase is due to a change in sales taxes, service charges, or the increase to the PAD amount is a result of my/our request.

I/we may cancel this PAD Agreement at any time, subject to providing notice to PPIP at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance has been approved.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<hr/> Pilot Member Signature (must always sign)	<hr/> Signature of all other Account Holder(s) (if a required signatory to this account)
<hr/> Date (dd-mmm-yyyy)	<hr/> Date (dd-mmm-yyyy)

PLEASE SEND YOUR COMPLETED FORM TO:

Professional Pilot Insurance Plan
Box 89, Station Main, Okotoks, AB T1S 1A4

Contact us toll-free at **1-888-724-1444**
Monday to Friday from 08:30 to 16:30 (Mountain Time)
or email ppip@rbiadvisory.com fax 403 938 0232