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## PRE-AUTHORIZED DEBIT (“PAD”) PLAN AGREEMENT

**Please complete this agreement (prepared, in part, in accordance with Canadian Payments Association, Rule H1) and return it to Johnson Inc., with a void cheque, in the enclosed, postage paid envelope, in order to enrol for the bank deduction plan. If you have any questions, please contact Johnson Inc.**

*The payment for your personal benefit plan premium(s), will be collected by pre-authorized bank debit (“deduction” or “debit”). If you have more than one benefit with Johnson Inc. and if you are using the same account, all payments will be combined into a single monthly deduction.\**

\* \* \*

*I hereby authorize Johnson Inc., and the financial institution designated to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments, for payment of all charges arising in relation to my benefit plan coverages.*

*Regular payments for a monthly amount of premium owing or a single payment together with other applicable charges will be debited to my specified account at set monthly intervals or as a single payment. Monthly deductions will be requested for the 5th of the month. This is subject to processing by my financial institution. If the 5th of the month falls on a holiday, the deduction will be processed on the next business day.*

**I acknowledge that I will be advised of the date and amount of my first regular deduction and I do not require any further notification with respect to the first deduction.**

*I understand that any change(s) to my policy(ies), including any renewal of my policy(ies) or the addition of a new policy(ies) or coverages can affect the amount of premium owing, and likewise will impact the amount of my deduction.*

**A written notice of any change in deduction will be provided to me in all cases and in advance wherever possible. In the event that there is a change to my policy, I have missed a payment and incurred a handling charge, or where I have given instruction to change the amount, I do not require any prior written notice of this change to my monthly deduction and acknowledge that any such change will be communicated to me by written notice.**

*Any changes resulting in a credit amount will be refunded by cheque.*

*I understand there will be handling charges of \$25.00 per incident for any missed payment due to insufficient funds or stopped payment.*

*In the event I miss a payment due to insufficient funds or stopped payment, the missed payment, together with the handling charge will be factored into my future bank deduction(s). I understand that my policy (ies) may be cancelled by registered mail as a result of multiple missed payments.*

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\* The deduction may appear on your bank statement as: Johnson/Unifund, Renfrew/Johnson, Servus/Johnson, Morgex/Johnson, F&H/Johnson, TJV/Johnson, Mobile Ins. or CummingsUnifund.

*This authority is to remain in effect until Johnson Inc. has received written notification from me of change or termination of my signed PAD agreement. (Changes or termination of insurance policies are governed by the terms and conditions of those policies). I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).*

*Johnson Inc. may assign this authorization to any of its affiliated companies upon providing written notice to me. Johnson Inc. is not authorized to assign this PAD authorization to any other entity.*

*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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)*

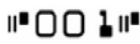
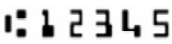
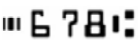
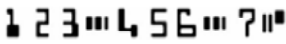
*This is not a contract of or for insurance. This agreement only applies with respect to the method of payment.*

### **Privacy**

*I provide consent on behalf of myself and all named insureds under my policy(ies) to the collection, use and disclosure of our personal information for the purposes of communication, assessing my application(s), evaluating claims, detecting and preventing fraud, customer surveying, and otherwise as may be required by law. To view a full copy of the Johnson Inc. privacy statement, please visit our website at [www.johnson.ca](http://www.johnson.ca).*

### **PLEASE PRINT**

Your Group Your Group Name: <u>Alberta Retired Teachers' Association</u> Group #: (For office use only) <u>358</u>	
Policyholder Name: _____	Member#: (For office use only) _____
Address: _____	City/Town: _____
Province: _____ Postal Code: _____	Phone Number: (Res.) _____
Financial Institution Name: _____	
Address: _____	
Province: _____ Postal Code: _____	Phone Number: (Res.) _____

																																					
Branch transit:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							Bank:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							Account Number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

Account Holder Name: _____
Signature: _____ Date: _____
If Account Holder Name differs from Policyholder, please explain: _____

**Edmonton**  
Johnson Inc.  
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Toll-Free: 1-877-989-2600  
Fax: (780) 420-6082

**Langley**  
Johnson Inc.  
9440 - 202 Street, Suite 201  
Langley, BC V1M 4A6  
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Toll-Free: 1-866-799-0000  
Fax: (604) 881-8828