

La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St, PO Box 1500, Quebec QC G1K 8X9
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CONTRACT No.	EMPLOYER No.

1 – Client information

NAME OF POLICYHOLDER OR EMPLOYER

MAILING ADDRESS		TELEPHONE
No.	STREET	SUITE
CITY	PROVINCE	POSTAL CODE
		EMAIL

2 – Banking information

I will inform La Capitale of any change concerning my financial institution, branch or account number 30 days prior to the scheduled date of the next PAD to allow the payments to continue without interruption.

Please enclose a cheque specimen marked "Void"

3 – Preauthorized debit agreement (PAD) authorization

Type of PAD

Commercial PAD

Debit characteristics

It is a variable amount PAD. You, as the payor, authorize La Capitale to debit from the bank account indicated the amounts required for payment of the premium plus taxes and any charges applicable to your insurance contract. Your preauthorized payment frequency will correspond to your billing frequency. The preauthorized payment will take place 15 days following the production of your premium statement.

You also authorize La Capitale to carry out a redraw within 10 days in the event that a preauthorized payment does not clear the account. In such case, an administration fee may be applied.

Waiver

I hereby waive the right to be notified regarding:

- (1) authorization before the first payment is processed
- (2) subsequent payments, and
- (3) changes to the amount or date of the preauthorized payment initiated by you or by the company.

Cancellation

I may revoke my authorization by providing 30 days' notice. To obtain a sample PAD cancellation form, or for more information about my right to cancel a PAD, I may contact my financial institution or visit www.payments.ca.

I understand that the Insurer may terminate this agreement in writing, by providing 30 days' notice.

Recourse and reimbursement

I agree to contact La Capitale in the event that a PAD is disputed.

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. To obtain information on your recourse rights, you may contact your financial institution or visit www.payments.ca.

4 – Signature of insured(s)

I confirm that La Capitale can use banking information recorded in my file having previously been provided.

I confirm all people whose signatures are required for this account have signed this agreement.

_____ Signature of account holder	_____ Date
_____ Signature of second account holder, if required	_____ Date

Please enclose a cheque specimen here