



CINUP



JG87-CU

PRE-AUTHORIZED DEBITS

SIMPLIFY YOUR PAYMENTS AND SAVE!

You'll never have to worry about keeping your CINUP benefits in effect if you sign up for pre-authorized debit (PAD)! Most of our customers already enjoy the convenient "PAD" option. Authorize your monthly premiums to be paid automatically from your bank account, and you'll:

Save time – no monthly cheques to write

Save postage – no envelopes to mail

Save headaches – no worries about payment deadlines that could affect your coverage.

If changes affect the amount of your monthly premium (like adding an employee), we'll send you a billing statement detailing your new total. And, if you have questions about your statement, we're just a phone call away with the answers.

Use this form to choose PAD and start **saving** today.

1051 King Edward Street | Winnipeg, MB | R3H 0R4
204.772.4781 | TF: 1.800.665.1234 | TF Fax: 1.877.786.3889
cinup.ca | eebenefits@cinup.ca

REQUEST FOR PRE-AUTHORIZED DEBIT PLAN

Company Name _____ Firm Number _____

Contact Name (Please Print) _____
FIRST INITIAL LAST

I authorize JG Benefits Inc. to make withdrawals for the payment of monthly premiums.

I authorize JG Benefits Inc. to debit the account below for group insurance premium. **I have attached a sample cheque, marked "VOID"** to verify the necessary bank account details. The amount may be variable and I will receive notice of the debit approximately 10 calendar days before the premium due date.

I understand this agreement may be revoked at any time by providing 10 days written notice. I understand 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 debit that is not authorized or is not consistent with this agreement. I understand I may obtain further information on my right to cancel / recourse rights by contacting my financial institution, or by visiting www.cdnpay.ca.

BANK ACCOUNT INFORMATION

Monthly Withdrawal Date 5th 10th

Account Number _____ Transit Number _____

Bank Name _____

Branch Address _____

Authorized Signature _____ Date _____

The account you choose must have chequing privileges.