



# CINUP PRE-AUTHORIZED DEBITS



JG87-CU

**For CINUP use only:** Company # \_\_\_\_\_  
Firm # \_\_\_\_\_

## 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: 1 833.702.4687  
cinup.ca | admin@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](http://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.**