



# AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS



JG87-CU

FOR MONTHLY BILLING OF INSURED PREMIUMS

## SIMPLIFY YOUR PAYMENTS AND SAVE!

Log into *my-benefits*® for Plan Administrators. If you are not registered, go to *my-benefits.ca* and sign up for your free account to view your monthly billing statement, along with real-time adjustments and credits under the *Premiums & Statements* tab.

Authorize your monthly premiums to be paid automatically from your bank account and never miss your payment deadline!

- **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 you have any questions about your billing statement or account status, we're just an email or phone call away with the answers!

### SIGN UP FOR CONVENIENT PRE-AUTHORIZED PAYMENTS

Firm Name \_\_\_\_\_ Firm Number \_\_\_\_\_

Contact Name (Please Print) \_\_\_\_\_  
FIRST INITIAL LAST

I authorize CINUP to debit the account below for the payment of group insurance premiums. **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 three business days before the end of each month, when the monthly billing statement is generated.

I understand this agreement may be revoked at any time by providing 30 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.payments.ca](http://www.payments.ca).

I understand that to change the bank account used for pre-authorized payments, I must submit the updated account information by the 15th of the current month. This allows the premium due on the 1st of the following month to be withdrawn from the new account. I acknowledge that if a change is received after the 15th, it may not be processed in time for the next premium withdrawal.

### BANK ACCOUNT INFORMATION

Monthly Withdrawal Date  5th  10th

Account Number \_\_\_\_\_ Transit Number \_\_\_\_\_ Bank Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**The account you choose must have chequing privileges.**