

Pacific First (Dental & Healthcare Plan)

A Division of
Pacific Rim Administration Services Ltd.
Pre-Authorized Payment Authorization

Personal/Household
PAD

Business PAD

Payor Name(s): _____

Address: _____ **Postal Code:** _____

Telephone: _____

Plan # _____, _____

I (We) Authorize Pacific First (Pacific Rim Administration Services Ltd.) to process a debit, in paper, electronic or other form in the amount of:

1) **Fixed amount :** \$ _____

OR

2) **Variable Amount: "N/A \$X N/A"**, with "variable payment amount \$X" being stated on an invoice, billing statement mailed to me(us) 10 days before the debit date, on my(our) account, monthly, beginning _____ 20 ____.

Enter date

Bank Account Number: _____, **Transit Number:** _____

Name of Bank _____

Bank Address: _____

Signature of Authorized Signing Officer(s): _____ **Date:** _____

Name of Authorized Signing Officer(s): _____

Please print name clearly

Please attach a Cheque marked "Void"

Terms & Conditions:

This Pre-Authorized Payment Plan is for the convenience of our client. There are no charges to enroll in the plan. The client certifies that the information provided in the authorization is correct and that the client will notify Pacific First in the event of any changes. The client certifies that his/her bank account is in good standing with sufficient funds to cover pre-authorized payments as they come due. All pre-authorized payments will be drawn on Canadian financial institutions only and will be withdrawn in Canadian Funds. The automatic withdrawal is processed on the 15th of each month (or the next business day) for the amounts due for the billing period as outlined on the invoice sent.

This agreement can be terminated, upon 30 days written notification, at any time by either the client or Pacific First. Upon termination, any amount due shall be paid directly and immediately to Pacific First. Cancellation of pre-authorization payment does not constitute cancellation of service by Pacific First and the client shall be liable for any past, present or future amounts owing.

"You (or I/We, depending on the context) have certain recourse rights if any debit does not comply with this agreement. For example, you (I/We) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your (my/our) recourse rights, (I/We may) contact your (my/our) financial institute or visit www.cdnpay.ca"