Desjardins Insurance
Life • Health • Retirement

C. P. 3000
Lévis (Québec) G6V 9X8
desjardinslifeinsurance.com/planmember
Tel.: 1-888-938-7530
Fax: 418-833-7051 or 1-866-833-7051

Group insurance - Contract administration

APPLICATION FOR ENROLLMENT
BUSINESS PRE-AUTHORIZED DEBITS
PAYOR AUTHORIZATION
ADMINISTRATIVE SERVICES ONLY (ASO)

A IDENTIFICATION – Please print.

Name of policyholder	Group No.	Division No(s).

Address - No., street	City	Province	Postal code

B PRE-AUTHORIZED DEBITS

Account holder (business name)

Name of the financial institution where the account is located	Institution No.	Transit/branch No.	Account No.

WITHDRAWAL AUTHORIZATION

I authorize Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, to make monthly pre-authorized debits (PAD) from my account with the aforementioned financial institution. Each withdrawal will correspond to a variable amount and will be indicated on the billing statement sent by Desjardins Insurance no later than the due date for the non insured benefits plans agreement (RASNA) withdrawal. **Consequently, I waive my right to be sent this statement within the 10-day period set out under Payments Canada's Rule H1, for the initial and any subsequent debits.** I hereby acknowledge having received a copy of this Agreement.

CHANGE OR CANCELLATION

I shall inform Desjardins Insurance, in a timely manner, of any changes to this Agreement. I retain the right to revoke my authorization at any time, with a pre-notification of 30 calendar days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Payments Canada Web site at payments.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part. I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization.

I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization. I acknowledge that the delivery of this authorization to Desjardins Insurance constitutes delivery by me to the aforementioned financial institution.

REIMBURSEMENT

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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit payments.ca. The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 10 business days, provided that the reimbursement is claimed for a valid reason. I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose. Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Desjardins Insurance, without any liability or commitment on the part of my financial institution.

CONSENT TO DISCLOSURE OF INFORMATION

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrollment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Name of authorized signatory (PLEASE PRINT)	**Signature of authorized signatory**	**Date**

Name of secondary authorized signatory (PLEASE PRINT)	**Signature of second authorized signatory**	**Date**

(Only if two signatures are required.)

IMPORTANT **Attach a personal cheque marked "VOID" to avoid errors in transcription.**
If you change your account or financial institution, please advise Desjardins Insurance.

PLEASE RETURN TO DESJARDINS INSURANCE AND KEEP A COPY FOR YOUR FILE.

09240E02 (2020-03)

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST