

ELCIC Group Services Inc.

805-177 Lombard Ave. Winnipeg, MB R3B 0W5

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Employer Pre-Authorized Debit for Monthly Invoices

ELCIC Group Services Inc. ("GSI") will debit your bank account for the monthly pension contributions and benefit premiums for all employees as per the total owing on your monthly GSI invoice. The pre-authorized debit will occur on the 15th of each month (or next business day) related to the previous month's invoice. You will be notified via email when your first pre-authorized debit will occur.

Employer Information

Employer Name:			Employer Number:	
Employer Address:	<i>Address</i>	<i>City & Province</i>	<i>Postal Code</i>	
Employer Telephone:	()	E-mail Address:		

Employer chequing account information – please attach a voided cheque to the form

Name of Financial Institution:	
Account Number:	
Branch Transit number (five digits):	
Branch Institution (three digits):	

Pre-Authorized Debit (PAD) Details

As the Payor, I authorize ELCIC Group Services Inc. to debit the bank account identified on the **attached voided cheque** for the monthly contributions and premiums associated with my invoice.

The Payor may revoke this authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

The Payor has certain recourse rights if any debit does not comply with this agreement. For example, you 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder	_____	Date	_____
			<i>Day Month Year</i>
Name (Please Print)	_____		
Signature of Joint Account Holder (if applicable)	_____	Date	_____
			<i>Day Month Year</i>
Name (Please Print)	_____		