Manulife

Group Benefits
Premium Pre-Authorized Debit (PAD)

For pre-authorized debit payment of premiums for Group insured and/or Administrative Services Only (ASO) financial agreements as calculated by Manulife.

1. Plan sponsor information

Plan sponsor (the "Payor"):

Plan sponsor/Payor's address (number, street, suite):

City or town: Province: Postal code:

Name of person to be contacted: Email address of person to be contacted:

Group policy number:

◯ All billing divisions
◯ List specific billing division(s):

One PAD form is required when PAD is to be drawn from **one bank account** for all divisions.

A separate PAD form is required for **each division**, when PAD is to be drawn from **different bank accounts.**

2. Payor's banking information

◯ New PAD Business agreement*
◯ Change PAD Business agreement*
◯ Termination of PAD Business agreement

PAD pull date:

◯ **Small Business and Mid-Market**
- PAD pull date will **default to the 10th of each month.** No other date options are available for these products.

◯ **ASO Billed in Arrears Benefits**
- PAD pull date will **default to the 15th of each month.** No other date options are available.

◯ **Supplemental Benefits**
- PAD pull date will **default to the 15th of each month.** No other date options are available.

***Attach a blank cheque marked "void" and complete the banking details below.**

Name of financial institution:

Address:

Transit number: Bank number: Account number:

3. Acknowledgment

The payor acknowledges that this Authorization is provided for the benefit of the payee, The Manufacturers Life Insurance Company ("Manulife"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of Payments Canada.

1. The Payor acknowledges that provision and delivery of this Authorization to Manulife constitutes delivery by the Payor to the Processing Institution.
2. The Payor certifies that the above banking information is accurate and complete. A specimen cheque marked "void" has been attached to this Authorization. The Payor agrees to inform Manulife in writing of any change in the Account information 10 days prior to the next due date of the PAD. New PAD Agreements received at Manulife 10 days prior to your next bill run will become effective on the next Group Benefits Billing Statement.
3. The Payor warrants and guarantees that all persons whose signatures are required to sign on this Account have signed this Authorization and that all persons signing this Authorization are authorized signing officers empowered to enter into this agreement.
4. The Payor hereby authorizes Manulife to issue PADs drawn on this Account with the Processing Institution on a monthly basis on or after the 10th of each month, or the 20th if selected for the following purposes:
   – Payment of premiums for Group Insurance as calculated by Manulife.

   The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor.
5. The Payor and Manulife agree that the amount of the PAD authorized by this Authorization may vary from month to month, according to the amount due on the most recent Billing Statement, as calculated by Manulife in its discretion according to policy administration information supplied by the Payor. Any payments or adjustments processed after the date prepared on the most recent Billing Statement will be reflected on the next Billing Statement.
6. **The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife.**
7. This Authorization may be revoked by the Payor upon 10 days' written notice. If PAD is a mandatory payment method for your Group Contract termination of the PAD will result in termination of the Contract.
   – The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting **www.payments.ca**.
8. In the event that a PAD withdrawal is not honoured because there were non-sufficient funds ("NSF") in the account, the Payor authorizes Manulife to make a second attempt to withdraw the original PAD amount within 30 days. If the second attempt is also returned for NSF, the Payor authorizes Manulife to make a third attempt to withdraw that original PAD amount again together with the Payor's next month's PAD amount. The Payor understands that Manulife reserves the right to terminate the PAD Agreement immediately if a PAD withdrawal is not honoured.
9. The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has 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 recourse rights, the Payor may contact their financial institution or visit **www.payments.ca**.
10. The Payor consents to the disclosure of any personal information contained in this Authorization to Manulife's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.
11. The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation in a PAD plan.

4. Signature

Signed at _____ this day of _____
(dd/mmm/yyyy)

Payor: _____ Authorized signature: _____

Name: _____ Title: _____

5. How to submit the form

Print

Email scanned form with void cheque to:
GRP.CFS.PAD@manulife.ca

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