



PRE-AUTHORIZED DEBIT APPLICATION FORM

To make your extended health and dental premium payment directly from your account, please complete and return this form to the address below.

BC Pension Corporation
PO Box 9460
Victoria BC V8W 9V8

Please note: we cannot accept line of credit or credit card cheques for pre-authorized payments.

PART 1 - PLAN MEMBER INFORMATION

Plan <input type="checkbox"/> Teachers' Pension Plan <input type="checkbox"/> College Pension Plan <input type="checkbox"/> Public Service Pension Plan			Person ID Number	
Daytime Phone Number		Email Address		
Last Name	Middle Initial	First Name		
Street Address		City	Province	Postal Code

PART 2 – FINANCIAL INSTITUTION INFORMATION

Claims payments are issued in Canadian dollars and are deposited only to Canadian financial institutions. Please note that banking information must be issued by your financial institution (we cannot accept handwritten information).

- ☐ A void cheque is attached; or
- ☐ A PAD form issued by my financial institution is attached (must be signed or date stamped by bank)

PART 3 – PAYMENT AUTHORIZATION

I authorize GreenShield to withdraw premium payments directly from this bank account on the first business day of each month for that month's coverage. The payor waives the right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of the PAD before the debit is processed. GreenShield may terminate coverage should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. This authority is to remain in effect until GreenShield has received written notification from you. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above. You may obtain a sample cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting <https://payments.ca/>.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or by visiting <https://payments.ca/>

Bank Account Holder's Signature	Date (mm-dd-yyyy)	Second Account Holder's Signature (required for joint accounts)	Date (mm-dd-yyyy)
---------------------------------	-------------------	--	-------------------