

PRE-AUTHORIZED DEBIT AGREEMENT (PAD)



Name of company/individual: _____

Broker code: _____

Pre-authorized debit date: _____

Type of fee: _____

Amount : _____

I authorize Assumption Life to debit, on _____ (date) or the next business day, a one-time withdrawal, from the bank account where my compensation is deposited.

If a preauthorized debit is returned due to insufficient funds in the account, Assumption Life will charge a fee of \$ 25 from the same bank account, without notice.

Assumption Life will cancel this pre-authorized debit agreement upon receipt of a written notice of cancellation at least 10 days prior to the requested cancellation date. Contact your financial institution about your rights to cancel a PAD. (A standard cancellation form is available at www.cdnpay.ca)

You have certain rights of recourse if a debit does not comply with this agreement. For example, you are entitled to receive a refund of any debit that is not authorized or that is not consistent with this PAD Agreement. For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

All amounts transferred from the pre-authorized account are for your exclusive benefit

Authorized signatory

Date