AGA BENEFIT SOLUTIONS

Division information (please complete a consent form for each division)

Group No.	Division No.
Division name	
Complete address	
Telephone No.	Fax No.
Administrator's name	E-mail

Group insurance premium withdrawal terms

Withdrawals of group insurance premiums will be made on **the 10th day of each month.**
If it is a non-working day, the withdrawal shall be made on the next business day.

Authorization

I, the undersigned, authorize AGA Financial Group Inc. (AGA Benefit Solutions) to withdraw the amount of our group insurance premiums directly from the bank account as per the enclosed specimen cheque, on the 10th day of each month. I authorize the financial institution indicated on the specimen cheque to process each bank deduction as if it were signed by the signatory, to debit the bank account for the premiums amount owed (amount of premiums may vary each month), and to credit them to Groupe financier AGA inc. "In Trust". In the event of an inconsistent withdraw with this Authorization; the signatory will be entitled to receive the refund of any unapproved PADs[2].

Given the processing times, the direct debit option can not be applied to the current premium; therefore, it will take effect for the premium of the month following the reception of the authorization form.

In the event that there should be insufficient funds in the bank account, I, the undersigned, agree, on behalf of the division to assume any related costs.

This authorization may be revoked at any time, upon written notice of the signatory to AGA Financial Group Inc. (AGA Benefit Solutions).

AGA Financial Group Inc. (AGA Benefit Solutions) may terminate the pre-authorized withdrawals option at any time.

Bank account signatory's name (please print)	
Job title	
Signatory's signature	Date

IMPORTANT

PLEASE ENCLOSE A SPECIMEN CHEQUE MARKED « VOID »

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[1] Business Pre-Authorized Debit (PADs)
[2] For additional details, refer to you financial institution or visit www.cdnpay.ca