

Pre-authorized Debit Agreement Form

Monthly payments can be made by automatic bank debit. If you would like your premium automatically withdrawn from your account, please complete and return this form to ENCON.

Payments will commence on the first of the month following receipt of the completed authorization. Withdrawals of your total monthly premium will occur on the first banking day of each month. You will be notified in advance of the initial withdrawal amount. Subsequent withdrawal amounts may vary according to changes in your group benefits plan.

Section 1 Client Information Please print clearly

Monthly premium payments will be made by pre-authorized debit. Yes No This group benefits plan is for Personal Business use.

Name of Employer Client No.

Employer's Address

Please attach here

A sample VOID cheque must be attached in order to process your request

Section 2 Authorization

I/We authorize the financial institution to honour all debits issued by ENCON against this account, and waive the right to receive 10-days notice of a withdrawal or a change in the amount being withdrawn.

Name of Depositor(s)

Signature of Depositor(s) Date (yyyy/mm/dd)

Financial Institution Debit this Account Number

Please sign here

You, the payer, may revoke your authorization at any time, subject to providing written 30-days notice to ENCON Group Inc., 55 Standish Court, 6th Floor, Mississauga, Ontario L5R 4B2.

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 debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnipay.ca.