

Pre-Authorized Debit (PAD) Plan Agreement

I authorize GroupSource and the financial institution designated to begin withdrawals as per my instructions for payments of all charges arising under my GroupSource account(s).

This authority is to remain in effect until GroupSource has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. Should I have any questions or concerns regarding this PAD agreement I may contact GroupSource directly.

Plan Member Name _____
Street _____
City _____ Province _____ Postal Code _____
Phone (____) _____ Fax (____) _____ Email _____

Type of Service: Business

<i>Please attach a VOID cheque or confirmation of pre-authorized debit information form from your financial institution.</i>	
Financial Institution (FI) _____	
FI Transit Number	/ _____
Branch - 5 digits	FI - 3 digits
Account Number _____	

Signature of Plan Member _____

Dated at: _____ on _____ 20 _____

GroupSource

Suite 200, 5970 Centre Street SE, Calgary, Alberta T2H 0C1

Telephone (403) 228-1644 Fax (403) 228-1968 Toll-free 1-800-661-6195

GroupSource is committed to protecting the confidentiality, accuracy and security of the personal information it collects and uses in the course of conducting business.

