



## REQUEST FOR PRE-AUTHORIZED DEBIT

### *Please complete the Pre-Authorized Debit (PAD) Plan agreement below*

I/we authorize Johnstone's Benefits, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Johnstone's Benefits account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 4<sup>th</sup> day of each month or the next business day. Johnstone's Benefits will provide written notice of the amount of each regular debit. Johnstone's Benefits will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Johnstone's Benefits has received written notification from me/us 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/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Johnstone's Benefits may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Please note: You must attach a VOID cheque for this authorization to be effective.**

#### PLEASE PRINT

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_ Johnstone's Benefits Client #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone # (Bus): \_\_\_\_\_ (Res): \_\_\_\_\_

Type of Service ☐ Personal ☐ Business

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

(Branch – 5 digits; FI – 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Second Authorized Signature (if required): \_\_\_\_\_

JOHNSTONE'S BENEFITS  
601-4180 Lougheed Hwy  
Burnaby, BC V5C 6A7  
Phone: 604-980-6227 or Toll Free: 1-800-432-9707  
Fax: 604-983-2935  
E-mail: [finance@jbenefits.com](mailto:finance@jbenefits.com)