



Pre-authorized Debit Agreement

1. Payor Information (Please print clearly)

First Name: _____ Last Name: _____

Student Name (if different from Payor):

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

2. Bank Account Information

Payor Account Number:

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Debit Amount: \$ _____ Number of months: _____

Branch Transit Number:

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Financial Institution Number:

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 Chequing Savings

Financial Institution: Name _____

Branch Address _____

Please attach a void cheque. First month payment will be paid in the office.

All applicants are advised that any information collected by University of Victoria Graduate Students' Society will be protected and used in compliance with the *BC Freedom of Information and Protection of Privacy Act (1992)*. The University of Victoria Graduate Students' Society (GSS) collects, uses, and discloses personal information where necessary for the purpose of assessment, enrolment, cancellation, and claim adjudication under the group plan 43222 with the GSS Extended Health and Dental Plan. No information will be used for any other purposes. Personal information is stored and used in accordance with regulations contained in the federal *Personal Information Protection and Electronic Document Act*. By filling in this form, I consent to the disclosure of my personal information to GSS staffs and Plan Administrators and Pacific BlueCross agents and representatives.

3. Pre-authorized Debit (PAD) Agreement

I/We authorize (University of Victoria Graduate Students' Society) 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 (University of Victoria Graduate Students' Society) account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 15th day of each month. These services are for (Extended Health and Dental Insurance Plan coverage).

University of Victoria Graduate Students' Society will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until University of Victoria Graduate Students' Society has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar 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. Change or termination of this authorization is limited to mode of payment and does not negate the obligation to pay for services purchased from the University of Victoria Graduate Students' Society.

In the case of variable amount PADs, University of Victoria Graduate Students' Society will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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. **25 Dollars administration fee will be charged for NSF account (non-sufficient fund).**

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, submit to:

Health Plan Coordinator
University of Victoria Graduate Students' Society
Box 1700 Stn CSC
Victoria, BC, V8W 2Y2
Email: gsoc@uvic.ca
Phone: 250-721-8816