

# PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM

This form can be used to start PAD or change banking information on Life and Health Policies.

To start or change PAD instructions on an Investment policy/contract, use the appropriate INP-125 Investment Change form.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

**1. Please select from the following:**     **New authorization**     **Change PAD instructions**

Policy number	Name of Insured	PAD amount	Amount to premium	Amount to loan*
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

\*This option is not applicable to Trilogy.

**2. PAD details – ATTACH A VOID CHEQUE or a pre-authorized transaction form (pre-printed) from your financial institution**

**Monthly withdrawal date\*** (1st to 28th) \_\_\_\_\_

\*The withdrawal from your bank account may occur up to two business days after this date. For Trilogy, the withdrawal date cannot be after the issue date of the Policy (e.g. Policy issued on the 15th of the month, the PAD draw date must be the 15th or earlier).

Payor name (first, middle, last) or exact name or corporation/entity*		Date of birth (dd/mmm/yy)
Address (number, street)		
City	Province	Postal code
Occupation (if retired, indicate former occupation)		
Type of business	Relationship to Owner	
Jurisdiction of registration for entities (i.e. country, province, territory)		Incorporation number

\*If the payor is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.



### 3. Authorization and Signatures

#### I understand and agree that:

- Monthly PAD arrangements may be terminated on 10 days' written notice beginning the day the notice is mailed either by Empire Life or by me. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the Policy. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca);
- I will not receive notices of premiums falling due while the PAD is in effect;
- The PAD applies to regularly scheduled premiums, which are variable and may increase or decrease;
- All premiums required to place a reinstated Policy in force must be paid independently of this plan; and
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD.

**For inquiries regarding your Pre-authorized Debit, contact us by phone: 1 800 561-1268, by fax: 1 800 920-5868 or by email: [insurance@empire.ca](mailto:insurance@empire.ca)**

#### I authorize:

- My financial institution to honour any withdrawal (debit) from my account under the PAD;
- Empire Life to withdraw monthly premium payments, as required and as per my instructions; amounts are variable and may increase or decrease; and
- **I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal.**

**A photocopy or image of the signed PAD authorization will be as valid as the original.**

Completed and signed at (city and province)

Date (dd/mmm/yy)

**Signature of Owner** (or first authorized signature for corporate Owner)

X

Print name of Owner (and title, if signing for a corporation)

**Second authorized signature** (for corporate Owner or joint Owner)

X

Print name of Owner (and title, if signing for a corporation)

**Signature of account holder(s)** (if other than Owner\*)

X

Print name of signing authority (and title, if signing for a corporation)

\*Includes corporate accounts, joint personal accounts or accounts of anyone who is not the Owner.

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 PAD authorization. To obtain more information on your recourse rights, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**The completed form can be mailed to:**

**Empire Life, 259 King St East  
Kingston ON K7L 3A8  
or faxed to: 1 800 920-5868**