



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FORM

Authorization Agreement

We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits/withdrawals against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the Payee below:

Macnaughton & Ward Financial Services Ltd.
103 - 15225 104 Avenue, Surrey BC V3R 6Y8
Phone: 1.855.561.1177 Fax: 604.581.9142 Email: accounting@mwfs.ca

ACCOUNT HOLDER INFORMATION		
NAME		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE	MOBILE PHONE	FAX
FINANCIAL INSTITUTION		
NAME		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE		
OFFICE USE ONLY		
BRANCH TRANSIT #	INSTITUTION #	ACCOUNT #

Change in Account Information: I undertake to inform the Macnaughton & Ward Financial Services Ltd., in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit.

Authority to Debit Account: I hereby authorize the Payee to draw on my account indicated above with my financial institution, for the following purpose: "to pay insurance and employee benefit premiums including employee health and dental care expense claims and administration services fees as invoiced by Macnaughton & Ward Financial Services Ltd. under the terms of the agreement."



Rights of Dispute: A Pre-Authorized Debit may be disputed by me under the following conditions:

- i) the Pre-Authorized Debit was not drawn in accordance with my Authorization; or
- ii) the Authorization was revoked.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by me. I acknowledge that, in order to revoke this authorization, I must provide written notice of revocation to Macnaughton & Ward Financial Services Ltd.

Pre-Notification Waiver: I agree with Macnaughton & Ward Financial Services Ltd to waive any further written notification prior to each Pre-Authorized Debit.

AUTHORIZED SIGNATURE	NAME (PLEASE PRINT)
DATED THIS _____ DAY OF _____, 20	

Please attach a voided cheque or deposit slip and return this form to the Payroll Department.