

**Employer Information** 

## Pre-Authorized Debit Monthly Invoices Employers

ELCIC Group Services Inc. ("GSI") will debit your bank account for the monthly pension contributions and benefit premiums for all employees as per the total owing on your monthly GSI invoice. The pre-authorized debit will occur on the 15<sup>th</sup> of each month (or next business day) related to the previous month's invoice. You will be notified via email when your first pre-authorized debit will occur.

Name					Number	
Address						
Phone			Email			
Employer account information – please attach a voided cheque						
Name of Financial Institution						
Account number						
Branch transit number (5 digits)						
Branch institution (3 digits)						
Authorization and Acknowledgements						
As the Payor, I authorize ELCIC Group Services Inc. to debit the bank account identified on the attached voided cheque for the monthly contributions and premiums associated with my invoice.						
The Payor may revoke this authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a> .						
The Payor has 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 Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a> .						
Signature of account holder					Date	
Printed name				Title of signer		
Signature of joint account holder (if applicable)					Date	
Printed name				Title of signer		