

Pre-Authorized Debit Application Organization/Business Name

Type of Service: Personal

Account Holders Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Union Members' Name and Address (if different from above): **Same address as above**

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Payment Details:

ATTACH A "VOID" CHEQUE

Amount of Payment	Scheduled Payment Date
<input type="checkbox"/> Fixed \$	<input type="checkbox"/> Monthly Beginning:
<input type="checkbox"/> Variable	<input type="checkbox"/> Bi-Weekly Beginning:

Bank Account Number – Office Use Only

Institution	Branch I.D.	Account Number
0		

Financial Institution Name & Address:

Authorization:

I/we authorize **WE Consulting & Benefits Services Ltd.** 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 agreement with **WE Consulting & Benefits Services Ltd.** Regular monthly payments for the amount stated above will be debited to my/our specified account on the payment schedule outlined above. **WE Consulting & Benefits Services Ltd.** will provide 10 days written notice of the amount of the regular (fixed amount) debit. **WE Consulting & Benefits Services Ltd.** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **WE Consulting & Benefits Services Ltd.** 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.

WE Consulting & Benefits Services Ltd. 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.

Working Enterprises Consulting & Benefits Services Ltd
#105, 251 Lawrence Avenue
Kelowna, BC V1Y 6L2
250.861.5200

Union Member's Signature

Date

- **Note:** If only one signature is required for the account, then only that individual needs to sign; however, if two or more signatures are required on the account, then both or all must sign.