



**TOLL FREE**  
1.888.684.2300

1777 West 8<sup>th</sup> Avenue  
Vancouver, BC V6J 1V8

**PHONE**  
604.684.2300

dehoney.com

**Company Information:**

Company Name:					
Street Address:					
City:		Postal Code:		Province:	
Withdrawal Date:	Tenth of the month (or next business day)				

**Pre-Authorized (PAD) Details**

You, the Payor, authorize Dehoney Financial Group Ltd. to debit the bank account identified below for your *monthly group benefits premium, as per the Monthly Group Benefits Premium Invoice (which may vary based on coverage)*, on the *withdrawal date noted above* every month or the next business day.

These services are for (check one):    Business Use                      Personal

You, the Payor, may change or revoke authorization at any time by providing written notice to Dehoney Financial Group Ltd. You may obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, at your financial institution or by visiting [www.payments.ca](http://www.payments.ca). This notification must be received at least 15 business days before the next debit is scheduled. To make changes or cancel the agreement, please contact [admins@dehoney.com](mailto:admins@dehoney.com).

In the event of non-sufficient funds, an additional charge of \$2.50 will be applied to your account to cover the bank charges.

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 Agreement. To obtain more information on your [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit [payments.ca](http://payments.ca).

**Bank Account Information (or attach a copy of a void cheque):**

Financial Institute Name:			
Financial Institute Address:			

Financial Institution Number:			
Branch Transit Number:		Account Number:	

Name of Account Holder: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_