



EMPLOYER PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR EMPLOYERCONNECT

To employers:

Complete this form to set up pre-authorized debit payments from your account to the Plan Office of the IWA-Forest Industry Pension Plan & LTD Plans. Return the completed form along with a *VOID cheque* or *MICR encoding* (if available) by mail, fax or send through EmployerConnect.

SECTION A APPLICANT INFORMATION		
Company name:		Company number:
Name of employee completing this form:		Employee position:
Mailing address:		City:
Province:	Postal code:	Phone number:
Email:		Type of applicant: <input checked="" type="checkbox"/> Business

SECTION B BANK ACCOUNT INFORMATION

Skip to Section C if attaching a *VOID cheque* or *MICR encoding*.

Deposit account number:		Branch transit number:
Financial institution number:	Financial institution name:	
Full branch address:		

SECTION C ACKNOWLEDGMENT AND SIGNATURE

We, _____, authorize the Plan Office of the IWA-Forest Industry Pension & LTD Plans (payee) to debit the bank account identified above for the following:

- Regular plan contributions, as reported in EmployerConnect, and
- Additional contributions payments owing on an *as needed* basis, as reported in EmployerConnect.

We acknowledge that users authorized with full access to EmployerConnect by us are also authorized to initiate debit transactions on EmployerConnect. We acknowledge and agree that we may revoke my authorization to pre-authorized debit payments by notifying the Plan Office in writing and at least 15 days before the next scheduled debit. If fewer than 15 days' notice is given, the Plan Office is entitled to the next scheduled debit. We may obtain a cancellation form or further information on our right to cancel this PAD agreement from our financial institution or by visiting www.payments.ca.

We agree with the payee to waive the requirement under the Payments Canada Rules to receive a written pre-notification prior to each PAD as set out in the rules.

We understand and agree to this *PAD agreement* and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the *Canadian Payments Association Rule H1*.

We acknowledge and agree that we have certain recourse rights if any debit does not comply with this agreement. For example, we understand that we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this *PAD agreement*. We further understand that we may obtain more information on my/our recourse rights from our financial institution or online at www.payments.ca.

Signature of authorized signatory:	Signature of authorized signatory:																																
Full name of authorized signatory:	Full name of authorized signatory:																																
Title of authorized signatory:	Title of authorized signatory:																																
Date: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Date: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
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PAYMENT TERMS:

Initial payment	It may take up to five business days for the first payment to be debited from the bank account identified on this form. To prevent delays, please complete and submit this form well in advance of the first anticipated payment.
Variable payments	Variable payments will be debited within five days of the employer reporting contributions in EmployerConnect.
Weekends & holidays	If a scheduled debit falls on a weekend or statutory holiday, the account will be debited on the next business day.

CONFIDENTIAL MATERIAL: Please note that this form is **confidential** in nature and should be faxed, or mailed in a sealed envelope to the Plan Office of the IWA–Forest Industry Pension and LTD Plans at the address at the top right of this page.

STATUTORY DISCLOSURE: As required by the *Insurer Exemption Regulation*, please be advised that the IWA–Forest Industry LTD Plan is exempt from the *Financial Institutions Act* (the “act”) and the plan benefits are not insured by an insurance company under the act.

PRIVACY DISCLOSURE: The Trustees of the IWA–Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans’ terms (including to collect overpayments or to investigate potential fraud), to audit employers’ records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans’ respective Privacy Policies and as permitted or required by law.