

**Personal Pre-Authorized Debit ("PAD") Agreement  
Bank Account Change Form**

To change the bank account used for your pre-authorized debit arrangements complete this form and return it to The Great-West Life Assurance Company. Please detach the *Plan Members Copy* and keep it for your records.

Plan Member: \_\_\_\_\_ Plan Number(s): \_\_\_\_\_  
Plan Member ID: \_\_\_\_\_

**Account Information**

Name and address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
Transit Number: \_\_\_\_\_ Bank Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Important Note:** Please provide this PAD agreement and an unsigned blank cheque marked "VOID" to Great-West's Group Major Accounts Administration. The completed PAD agreement must be received by Group Major Accounts Administration at least 14 days prior to the first withdrawal day.

**Terms and Conditions of this Personal PAD Agreement**

<ul style="list-style-type: none"> <li>• <b>Authorization</b></li> <li>• <b>Signatures</b></li> <li>• <b>Account changes</b></li> <li>• <b>Confirming withdrawals</b></li> <li>• <b>Non-sufficient funds (NSF) information</b></li> <li>• <b>Assignment</b></li> <li>• <b>Cancellation</b></li> <li>• <b>Recourse</b></li> </ul>	<p><b>Note:</b> References in this form to "this PAD agreement" include later amendments to it.</p> <p>I, the account holder, authorize The Great-West Life Assurance Company (Great-West) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. <b>Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</b></p> <p>I consent to Great-West's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p> <p>I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.</p> <p>I will notify Great-West if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Great-West may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p> <p>I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Great-West in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>Great-West's contact information for questions related to these withdrawals is: The Great-West Life Assurance Company, Group Major Accounts Administration - D102, PO Box 6000, Stn. Main, Winnipeg, MB R3C 3A5, Telephone 204.946.8094.</p> <p>If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Great-West to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Great-West decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Great-West. I understand that I am responsible for any NSF charge(s).</p> <p><b>I hereby waive any requirement of prior written notice to me by Great-West of the assignment by Great-West of this PAD agreement.</b></p> <p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Great-West or by Great-West to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>. To obtain more information on your PAD agreement, contact Great-West at Group Major Accounts Administration, Telephone 204.946.8094.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Great-West, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Great-West, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p> <p>You have certain recourse rights if any debit does not comply with this PAD 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 information on your recourse rights, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</p>
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Signed at: \_\_\_\_\_ on \_\_\_\_\_  
City Province Month Day Year

Name of **account holder**  
**X** \_\_\_\_\_

Signature of account holder  
**X** \_\_\_\_\_

Name of **other joint account holder(s)**  
**X** \_\_\_\_\_

Signature of other joint account holder(s), if required for account  
**X** \_\_\_\_\_

**Plan Members Copy**  
**Please detach this page and keep a copy for your records.**

**Personal Pre-Authorized Debit (“PAD”) Agreement**  
**Bank Account Change Form**

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**Terms and Conditions of this Personal PAD Agreement**

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• **Authorization**

**Note:** References in this form to “this PAD agreement” include later amendments to it.

I, the account holder, authorize The Great-West Life Assurance Company (Great-West) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the “Plan(s)”), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. **Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.**

I consent to Great-West’s collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.

• **Signatures**

I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.

• **Account changes**

I will notify Great-West if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Great-West may, but is not obligated to, rely on verbal instructions from me to amend this authorization.

• **Confirming withdrawals**

I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Great-West in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.

Great-West’s contact information for questions related to these withdrawals is: The Great-West Life Assurance Company, Group Major Accounts Administration - D102, PO Box 6000, Stn. Main, Winnipeg, MB R3C 3A5, Telephone 204.946.8094.

• **Non-sufficient funds (NSF) information**

If there is not enough money in my account to cover the total monthly amount due (“due” as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Great-West to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Great-West decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Great-West. I understand that I am responsible for any NSF charge(s).

• **Assignment**

**I hereby waive any requirement of prior written notice to me by Great-West of the assignment by Great-West of this PAD agreement.**

• **Cancellation**

This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Great-West or by Great-West to me.

To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). To obtain more information on your PAD agreement, contact Great-West at Group Major Accounts Administration, Telephone 204.946.8094.

I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Great-West, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Great-West, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.

• **Recourse**

You have certain recourse rights if any debit does not comply with this PAD 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 information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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