



IUPAT LOCAL 177 WELFARE TRUST FUND

SELF-PAYMENT ELECTRONIC FUNDS TRANSFER (EFT) PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PLEASE COMPLETE THE PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT BELOW

I/we authorize IUPAT Local 177 Welfare Trust Fund, 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 a monthly Personal Pre-Authorized payments and/or one-time payments from time to time, for payment of all charges arising under my/our account with IUPAT Local 177 Welfare Trust Fund. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. The administrator for IUPAT Local 177 Welfare Trust Fund will provide 15 days written notice of the amount of each regular debit. IUPAT Local 177 Welfare Trust Fund will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until IUPAT Local 177 Welfare Trust Fund 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.

IUPAT Local 177 Welfare Trust Fund may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without provided 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

MEMBER INFORMATION

MEMBER NAME		LOCAL UNION	
ADDRESS			
CITY		PROVINCE	POSTAL CODE
PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	

BANK INFORMATION

NAME OF BANK		MONTHLY SELF PAYMENT	
ADDRESS		TELEPHONE	
CITY/TOWN		PROVINCE	POSTAL CODE

*** PLEASE ATTACH A VOID CHEQUE ***

Please check this box if there is no change in your banking information from your last EFT Self Payment

AUTHORIZED SIGNATURE (S): _____

DATE: _____

Please Mail to:
Finance Department
Element Consulting Group
10154 108 St NW, Edmonton, AB T5J 1L3
Toll Free: 1-877-641-3122
Email: painters@element.ca
www.paintersbenefits.ca

HELPFUL HINTS WHEN MAKING SELF PAYMENTS

- To ensure continuous coverage, Ellement Consulting Group must be in receipt of your self-payments or signed Pre-Authorized Debit (PAD) Agreement by the 15th day of the month before you require coverage.

Example:

To have coverage start June 1, Ellement Consulting Group must be in receipt of your self-payment by May 15th. If you meet the above deadlines, your drug card will remain active for use without interruption.

- If you'd like to post-date your cheques, they must be dated for the 15th of the month before you require coverage. We will accept a maximum of 3 months of post-dated cheques.

Should you choose to use the grace period as provided by your plan, there may be a break of up to two weeks where your coverage will not be active.

If you wish to have your payments withdrawn directly from your account, please read the reverse side of this form for "Self-Payment Electronic Funds Transfer (EFT) Pre-Authorized Debit (PAD) Agreement."

Please fill out the required information, sign and attach a void cheque and mail to Ellement Consulting Group.

* If you have made self-payments by EFT in the past 2 years and there is **no change** in your banking information, you do not have to re-send a void cheque. Please ensure you check off the box indicating there is no change in banking information.

Please Mail to:
Finance Department
Ellement Consulting Group
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Email: painters@ellement.ca
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