GroupHEALTH Benefit Solutions

Impact Organizations of Nova Scotia
Improving Lives by Empowering Community

New Division/Ledger Setup Form

Group/Ledger Information	
Full Legal Name	
Effective Date of EFAP	
Partner	NewGround Financial
Association	CSBT
Number of Employees	

New Ledger Contact Information	
Phone Number	
Address (as appear on bill)	
City	
Province	
Postal Code	

Plan Administrator	
Primary Name:	
Primary Email:	
Phone Number:	
Is there a secondary PA?	
Secondary Name:	
Secondary Email:	
Phone Number:	

Pre-Authorized Debit	
Has the Void Cheque and PAD Agreement been attached	
Completed by:	Date:

Authorization Information for Business Pre-Authorized Debit ("PAD")

Authorization of the Payor to GroupHEALTH Global Benefit Systems Inc. to Direct Debit/Credit a Customer Account

Our standard practice is to process payments through a Business PAD that is in strict accordance with the Rules of the Canadian Payments Association. PAD for WEBS billing statements are processed monthly on the 10th day of the coverage month. PAD for ASO/HSA invoices are processed within 3 - 5 business days of the monthly invoice date. Other sporadic PAD payments may occur and will be duly authorized by the payor prior to processing.

Payor Information

Payor Name		
Address		
Phone	Fax	
Name(s) and Title(s) of Authorized Signing Officer(s)	Signature(s) of Authorized Signing Officer(s)	Date Signed

⇨ Please fill in Account information below or provide a copy of a **Void Cheque**.

Client Payor Financial Institution and Account Information

Branch	Institution	Account Number

Name of Canadian Financial Institution	Branch	
Branch Address	City, Province	Postal Code

Payee Information

Payee Name **GroupHEALTH Global Benefit Systems Inc.**		
Address **15315 31st Avenue, Surrey, BC V3Z 6X2**		
Phone **604-542-4110**	Fax **604-542-4112**	Email **accounts.receivable@grouphealth.ca**

Payment Information

Payor may extend this authorization to include adjustments that would be processed subsequent to the monthly amount. In the event Payee submits pre-authorized debits for adjustment amounts, Payor would be notified in writing of any such adjustments, including the reason for any such adjustment, within 48 hours.

☑ Adjustments Allowed ☐ No Adjustments Allowed

Please note: *There is a $25 fee for all NSF transactions which will be applied to your next monthly billing statement*

Payor's Pre-Authorized Debit Agreement

Terms and Conditions

1. In this Agreement, "we", "our" and "us" refers to the Payor indicated above.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the Payee indicated above, GroupHEALTH Benefit Solutions Inc. and any successors or assigns ("GroupHEALTH"), to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD") on our account indicated above (the "Account") at our Financial Institution indicated above (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. We acknowledge that this Agreement and our authorization are provided for the benefit of GroupHEALTH and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association ("CPA"). We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Agreement at any time upon notice being provided by us either in writing or orally. We acknowledge and agree that to revoke or cancel the authorization provided in this Agreement, we must provide notice of revocation or cancellation to GroupHEALTH. This Agreement applies only to method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and GroupHEALTH.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including amount, frequency, and fulfillment of any purpose of any Business PAD.
5. We agree delivery of this Agreement to GroupHEALTH constitutes delivery by us to our Financial Institution. We agree that GroupHEALTH may deliver this Agreement to GroupHEALTH's financial institution and consent to the disclosure of any information contained in this Agreement to its financial institution.
6. We understand that with respect to the variable monthly amount of the Business PAD indicated above, changes to the policy, including as applicable to premium amounts charged, may increase or decrease the monthly amount withdrawn or to be withdrawn from our account. **Accordingly, we authorize such increases or decreases, waiving any pre-notification requirement with respect to them.**
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
   (a) the Business PAD was not drawn in accordance with this Agreement; or
   (b) this Agreement was revoked or cancelled; or
   (c) any pre-notification required and not waived by section 6 was not received by us.

   We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with GroupHEALTH, and that our Financial Institution shall have no liability to us respecting any such Business PAD.
8. We certify that all information provided with respect to the Account is accurate and we agree to inform GroupHEALTH, in writing, of any change in our Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement. In addition, we warrant and guarantee, where applicable, that we have the authority to electronically agree to commit to this Agreement by secure electronic signature and that our secure electronic signature conforms with the requirements of Rule H1.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the CPA, or any other rules or regulations which may affect the services described herein, as may be introduced in the future, or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of the services described herein.

Full Legal Name of Payor	
Signature(s) of Authorized Signing Officer(s)	Date Signed

You must return all signed forms to GroupHEALTH to activate your account.