

Pre-Authorized Debit Agreement StopLoss / Travel Medical Insurance



Customer Information

Name:		
Address:		
City	Province	Postal Code
Phone Number		

Bank Account Information

Account Number															
Branch Transit Number															
Financial Institution Number															
Financial Institution Name															
Branch Address															

Please attach a VOID cheque

Pre-Authorized Debit Details

These services are for (check one) ☐ **Business** ☐ **Personal**

I/we authorize HUB Financial Inc., 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 monthly regular recurring payments to pay premium due for Stop Loss / Travel Medical Insurance premiums on or about the 15th day of each month.

This authority is to remain in effect until HUB Financial Inc. 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.

I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

HUB Financial reserves the right to assess a charge for handling of a dishonored PAD.

Signatures

Signature of Account Holder:
Name of Account Holder:
Signature of Joint Account Holder (if applicable):
Name of Joint Account Holder (if applicable):
Date:

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 of any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When this form is complete, please send it to:
Flexsave Division - HUB Financial Inc.
10th Floor – 3700 Steeles Avenue West
Woodbridge, Ontario L4L 8M9