



Beneplan Inc

## Banking Pre-Authorized Chequing (PAC) Form

Client: (Please insert full legal name)

### Premium Payment Pre-Authorization

The Client hereby agrees to pay monthly premiums in twelve (12) monthly payments as billed, plus premium tax, where applicable, following the signature of this form. The Client hereby authorizes their bank to pay such premium to Beneplan Inc's trust account accordingly. Premiums are due upon receipt of the billing, and late penalties will be triggered if payment is received after 45 days of late payments. Depending upon your insurance carrier, claims may be suspended if premiums are not received following late penalties.

### Client information

Financial institution:

Address:

Transit#:

Account#:

**Please attach 'VOID' cheque**

### Acceptance

Your execution and submission to Beneplan Inc of this form is sufficient authorization for Beneplan Inc to withdraw your monthly benefit plan costs from your bank account herein. You have authority to bind your organization.

Client signing authority name:

Client title:

Client signature:

Dated:

Witness name:

Witness title:

Witness signature:

Dated:

Signed at: