Canadian Benefit Administrators Ltd.	**For TPA Administration purposes only.** **Client #:** _____ **Location #:** _____

Request for Pre-authorized Withdrawal for _____
(Company Name here)

Authorization Agreement

I hereby authorize **Canadian Benefit Administrators Ltd.** to make automatic withdrawals for my insurance premiums, from my account at the financial institution named below.

I understand that premiums will be withdrawn on the first Thursday of each month.

Further, I understand that **Canadian Benefit Administrators Ltd.** will terminate my pre-authorized payment plan if any withdrawal is reversed by my financial institution.

This will authorize **Canadian Benefit Administrators Ltd.** to charge a fee for any pre-authorized payments not honoured by my financial institution.

This agreement will remain in effect until **Canadian Benefit Administrators Ltd.** receives a written notice of cancellation from me, or until I submit a pre-authorized withdrawal form.

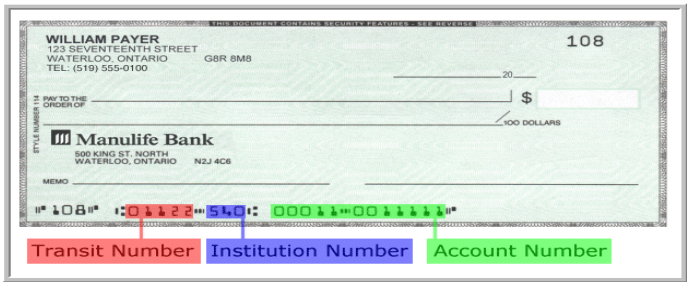
Account Information

Transit number:

Institution number:

Account number:

Where can I find my banking information?



If you are unsure of banking information, please attach a copy of a void cheque.

Signature

Authorized Signature: _____ Date: _____

Print Name: _____

Fax completed form to CBA at (905) 873-1860