Retiree Plans
group

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JG21-JG

DIRECT DEPOSIT AUTHORIZATION /
REQUEST FOR PRE-AUTHORIZED PAYMENT

Please indicate your Firm & Certificate #

F #	Certificate #

Certificate Holder's Full Name _____

COMPLETE THE APPLICABLE SECTIONS TO CHANGE YOUR FINANCIAL INSTITUTION ACCOUNT INFORMATION

DIRECT DEPOSIT AUTHORIZATION

Identify the account to which the benefit payment is to be direct from JG plc. The account can be a chequing or savings account.
IMPORTANT: Send this completed form to us along with a sample cheque marked "VOID". Without a sample cheque, we do not have the account codes we need to make direct deposits on your behalf.

Financial Institution Account Information

Account Number _____ Transit Number _____

Financial Institution _____

Branch Address _____

Authorized Signature _____ Date _____

I authorize JG plc to deposit the benefit payable to me to the account I have selected. I can cancel this authorization at any time by writing the National Service Centre. **I have attached a sample cheque, marked "VOID", to provide the Financial Institution details necessary for direct deposit.** I understand that JG plc will provide my Explanation of Benefits statement until I request a change in direct deposit status or I have been cancelled.

REQUEST FOR PRE-AUTHORIZED PAYMENT

Financial Institution Account Information

Account Number _____ Transit Number _____

Financial Institution _____

Branch Address _____

Authorized Signature _____ Date _____

THE ACCOUNT YOU CHOOSE MUST HAVE CHEQUING PRIVILEGES.

I authorize JG plc to use the withdrawal from the account for the premium. I authorize JG plc to debit the account to the amount of each premium. **I have attached a sample cheque, marked "VOID" to verify the necessary Financial Institution account details.** These debits are for personal premiums. These amounts may be adjusted to reflect the future debit payments are 3 business days before the next financial account. However, I will receive notice of benefit payments 'debit' is not cancelled. I understand that I may see that an amount may be edited sometime by and 30 days written notice. I understand that I am entitled to certain recourse if a debit does not comply with this agreement. For example, I have the right to receive reimbursement for a debit that is not authorized or is not consistent with this agreement. I obtain a full form of this cancellation/recourse rights, I may contact my financial institution, or visit www.payment.ca.

Certificate Holder's Signature _____ Date _____