

**ELECTRICAL INDUSTRY INSURANCE BENEFIT TRUST FUND OF ALBERTA**

#200, 4224 – 93 Street, Edmonton, Alberta, T6E 5P5

Phone: (780) 465-2882 Toll Free: 1-800-268-3649

Fax: (780) 465-0808 Email: claims@ebfa.ca

**PERSONAL PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT**

**PLEASE PRINT**

DATE: \_\_\_\_\_  
(MMM/DD/YYYY)

Plan Member's Name: \_\_\_\_\_

EBFA Stakeholder Number: \_\_\_\_\_

Address: \_\_\_\_\_

Apt #	Street Address	City	Province	Postal Code
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Phone Number: (    ) \_\_\_\_\_ Cell Phone Number: (    ) \_\_\_\_\_

**PERSONAL PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT**

I/we authorize the Electrical Industry Insurance Benefit Trust Fund, 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 self-payments, representing full payment of the self-payment (including increases which occur from time to time) under my Electrical Industry Insurance Benefit Trust Fund account. Regular monthly payments for the full amount of my/our self-payment will be debited to my/our specified account on the last banking day of each month, prior to the month of Coverage.

This authority is to remain in effect until the Electrical Industry Insurance Benefit Trust Fund of Alberta has received written notification from me/us of its change or termination. This notification must be received at the address provided above, at least 10 (ten) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my/our financial institution, or by visiting [www.cdnpay.ca](http://www.cdnpay.ca) or by contacting the Fund Office.

The Electrical Industry Insurance Benefit Trust Fund of Alberta may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 for any PAD that is not authorized or is not consistent with this PAD Agreement.

I/we understand that if I/we do not have sufficient funds in our account to cover the cost of the Self-Payment, the second occurrence will automatically cancel this PAD Agreement and I must pay for future Self-Payments by credit card, or with a money order.

**ELECTRICAL INDUSTRY INSURANCE BENEFIT TRUST FUND OF ALBERTA  
PERSONAL PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT**

**BANK ACCOUNT INFORMATION**

**Please attach a "void" cheque, or have this form completed by a representative at your financial institution.**

Chequing Account     Savings Account     Joint Account (Savings or Chequing)

Financial Institution Number: 

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Branch Transit Number: 

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Account Information: 

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Name of Financial Institution: \_\_\_\_\_

Current Address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_

Name of Financial Representative: \_\_\_\_\_

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I/we hereby authorize the Electrical Industry Insurance Benefit Trust Fund of Alberta to debit the bank account identified above, for each monthly self-payment on the last day of each month, or the last business day of each month.

**Signature of Account Holder:**

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: (MMM/DD/YYYY) \_\_\_\_\_

**Signature of Joint Account Holder (if applicable):**

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: (MMM/DD/YYYY) \_\_\_\_\_

Print Name of Joint Account Holder: \_\_\_\_\_  
Last Name, First Name