



# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

**Instructions:**

- Use this form to create a new pre-authorized debit agreement with STF's Optional Life Insurance, Portaplan, or change an existing agreement.
- Complete all sections and return the signed form by email, fax or mail to Portaplan.
- In this agreement, "you" and "your" refer to the holder(s) of the bank account from which withdrawals will be made.
- The holder of the account from which payments are to be made must sign this form, including any required joint account holders.
- If you require assistance completing this form, please call Portaplan at 306-373-1660 or 1-800-667-7762, or email us at portaplan@stf.sk.ca.

**Return completed form to:**

**Portaplan**  
 2317 Arlington Avenue  
 Saskatoon, SK S7J 2H8  
 Fax: 306-374-1122  
 Email: portaplan@stf.sk.ca

**Policyholder Information**

Portaplan Policy Number (for existing policyholders)	Policyholder's Last Name	Policyholder's First Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Mailing Address	City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Preferred Non-Employer Email Address			
<input type="text"/>	<input type="text"/>			

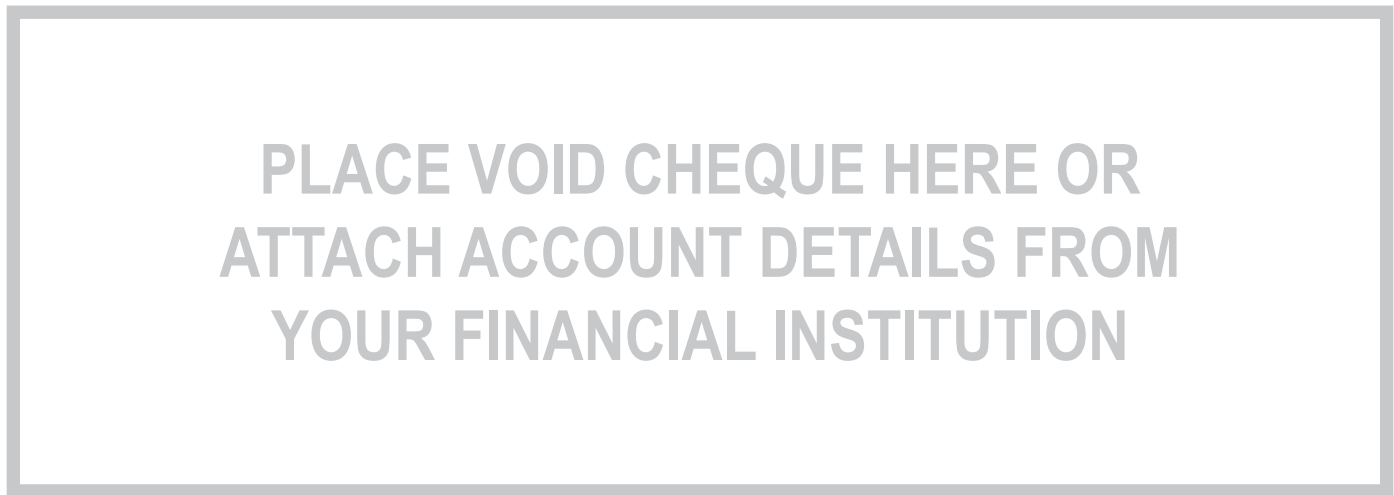
**Bank Account Holder Information**

Bank Account Holder's Last Name	Bank Account Holder's First Name	Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Mailing Address	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Preferred Non-Employer Email Address	Relationship to Policyholder	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Indicate withdrawal frequency (check one box):**

- Annual Withdrawal  
 Monthly Withdrawal

**Please attach a void cheque or account details from your financial institution including institution, transit and account number. Payment must be made in Canadian funds drawn from a Canadian bank or financial institution.**



If your bank or financial institution does not honour a pre-authorized debit the first time Portaplan presents it for payment, Portaplan will attempt to withdraw the payment on the next scheduled withdrawal date together with your next month's pre-authorized debit amount. Portaplan reserves the right to end the pre-authorized debit agreement immediately if a withdrawal is not honoured. Portaplan reserves the option to change the method of payment to another qualifying mode at any time.

**Withdrawal Authorization:**

By authorizing Portaplan to take payments from your bank account, you agree that you understand and agree to the following:

1. You authorize Portaplan to collect, use, release and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.
2. This pre-authorized debit agreement will apply to policy premiums due on or after the date this agreement is received by Portaplan.
3. Withdrawals from your bank account are variable. Your permission is not necessary to renew this agreement for any rate changes to the policy or any approved increases or decreases in coverage. Changes will automatically be reflected in the subsequent automatic withdrawal amounts.
- 4. You waive the right to receive 10 days' notice of the amount and date of each pre-authorized debit to be made from your account.**
5. You will advise Portaplan of any change in account information 14 calendar days before the next premium due date.
6. This pre-authorized debit agreement may be discontinued by either Portaplan or you with a minimum of 14 calendar days' written notice. For a sample cancellation form or for more information about canceling a pre-authorized debit agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).
7. This authorization applies only to the method of payment for insurance premiums and shall not be construed as a modification of the provisions of the policy.
8. All pre-authorized debits from your bank account will be treated as personal pre-authorization debits (PADs) as defined by the Canadian Payments Association in Rule H1 at [www.payments.ca](http://www.payments.ca).
9. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for 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.payments.ca](http://www.payments.ca).

**You certify that all people whose signatures are required on this account have signed below, including any required joint account holders. The holder of the account from which payments are to be made must sign below to authorize the withdrawals.**

By signing this document you:

- Authorize Portaplan to debit your account for the required Portaplan insurance premiums.
- Understand all pre-authorized debits will take place on the first banking day of the month in which they are due.
- Understand your account will continue to be debited until you request it be changed or removed, or until the policy terminates.

Signature of Account Holder (computer generated signatures are not accepted)

Date Signed (DD/MMM/YYYY)

Signature of Joint Account Holder (if required) (computer generated signatures are not accepted)

Date Signed (DD/MMM/YYYY)

**Privacy**

The Saskatchewan Teachers' Federation is committed to protecting your privacy and confidentiality of personal information. Your personal information is collected to identify you as a policyholder and to facilitate pre-authorized payments for insurance premium.

All personal information provided to Portaplan is kept strictly confidential and handled in accordance with the STF Operational Privacy Policy. For a copy of the STF Operational Privacy Policy or if you have any questions about privacy and confidentiality, please contact the STF Privacy Officer at [privacyofficer@stf.sk.ca](mailto:privacyofficer@stf.sk.ca).

**Office Use**

Date Received (DD/MMM/YYYY)

Date Updated (DD/MMM/YYYY)