



## Pre-Authorized Debit (PAD) Agreement

### 1. Personal Information (Please print clearly)

Employer (School/Parish):	
Division Number:	ER
Street Address:	
City / Province:	
Postal Code:	
Telephone Number:	

### 2. Bank Account Information: Attach VOID cheque.

Financial Institution Number/Name:	
Account Number:	
Branch Transit Number:	

*Please attach VOID cheque.*

You, the School/Parish (Payor), authorize the Roman Catholic Archbishop of Vancouver (RCAV) to debit the bank account identified on the attached void cheque as a payment for the Monthly Benefit Premium.

Authorized Signature:	Authorized Signature:
Printed Name:	Printed Name:
Date:	Date: