



**Personal Pre-Authorized Debit (PAD) Agreement**

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

First Name:	
Last Name:	
Employee ID Number:	
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 Retiree Member (Payor) hereby authorize Catholic Independent Schools of Vancouver Archdiocese (CISVA) to debit the bank account identified on the attached void cheque every 1<sup>st</sup> of the month for the amount of \$ \_\_\_\_\_ every (please check one)

- Month
- Quarter
- Semi-annual
- Annual

Signature of the Account Holder:	Signature of Joint Account Holder (if applicable):
Printed Name:	Printed Name:
Date:	Date:

**FOR BENEFITS ADMINISTRATION OFFICE'S USE ONLY**

**Premium Amount:** \_\_\_\_\_