

CONTACT INFORMATION		
Company Name		
Employee Name		
Paid by	Company	Employee (complete coverage and banking information below)

PLAN TYPE	EMPLOYEE AGE TO AGE 69	EMPLOYEE AGE 70-74
Single	\$14.36	\$27.60
Couple	\$27.47	\$51.87
Family	\$35.00	\$59.27

*To age 69, coverage terminates at age 70. Age 70-74 coverage terminate at age 75.
 Coverage begins on the 1st of the month selected.
 Premium rates are provided for information only. Rates are subject to change.

 Effective Date of Coverage (mm/dd/yyyy)

PAYMENT DETAILS		
Account Holder Name(s) (the "Payor") (last name or business name, first name)		
Name of financial institution (the "Processing Institution")		
Institution No.	Transit No.	Account No.
Branch Address		
Important: Attach a void cheque to prevent any errors. Void Cheque: Attached On Record		

AUTHORIZATION *(If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)*

I/We acknowledge that this agreement is provided for the benefit of HUB Financial Inc. and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions below. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

SIGNATURE			
_____	_____	_____	_____
Signature of signatory	Date (mm/dd/yyyy)	Signature of second signatory (for an account requiring two signatures)	Date (mm/dd/yyyy)

TERMS AND CONDITIONS

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| <ol style="list-style-type: none"> By signing this agreement, you hereby waive any pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs). I/We hereby authorize HUB Financial Inc., in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section of the Payment Details of this agreement. This agreement is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within 10 days before the next PAD is to be issued. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from the Processing Institution or by visiting www.payments.ca. HUB Financial Inc. 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. | <ol style="list-style-type: none"> 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. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. I/We acknowledge that HUB Financial Inc. may terminate this agreement upon 10 days written notice. Notwithstanding the foregoing, for One-Time PADs, this agreement will no longer be valid once the payment has been fulfilled. Any subsequent PADs will require a newly authorized PAD agreement. In the event that the Payor cancels the goods and services agreement to which the PADs under this agreement relate, this agreement shall automatically be cancelled. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by HUB Financial Inc. and I/we accept participation in the PAD plan upon the terms and conditions set out herein. I/We consent to the collection, use, and disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of HUB Financial Inc. to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the CPA Rules. |
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