COUGHLIN
employee benefits specialists
Coughlin & Associates Ltd. is a People Corporation company

Pre-authorized PAYMENT (PAP) form FOR PLAN MEMBER

Print Form

Use Pre-Authorized payments (PAP) to make withdrawals from your bank account for the payment of your premiums.

Pre-authorized payment eliminates the need for you to write cheques for your group insurance premiums. Instead, payments can be made automatically through your bank or financial institution account.

ECONOMICAL
One authorization is all that is required for the payments to be made automatically through your bank or financial institution. This means reduced postage costs for you.

PAYMENT DATE
Payments will be deducted from your account on the **15th** day of each month.

PROOF OF PAYMENT
Your payments are recorded automatically and itemized on your monthly bank statement or pass book.

COMPLETE THE AUTHORIZATION FORM
Complete the authorization form and include one of your personal cheques marked "VOID." If you do not have a cheque, please provide an authorization form from your financial institution and send it to:

Coughlin & Associates Ltd.
P.O. Box 3517, Station C
Ottawa, ON K1Y 4H5

Tel.: 613-231-2266 | **Fax:** 613-231-2345
Toll-free: 1-888-613-1234
Website: www.coughlin.ca
Email: webmaster@coughlin.ca

UNION LOCAL OR EMPLOYER NAME		MEMBER NAME		
ADDRESS		CITY	PROVINCE	POSTAL CODE
MEMBER IDENTIFICATION NUMBER	HOME TELEPHONE NUMBER	EMAIL		

Enter your personal banking information in the next three fields. Please use the sample cheque number pattern as a guide to completing this section. NOTE: cheque number is not required.

Sample cheque number pattern:

000 (Cheque #)	00000 (Transit #)	000 (Bank code #)	00000000 (Account #)

☒ I have enclosed a MANDATORY "VOID" cheque or an authorization form from my financial institution. Note: Line of credit cheques or US accounts can NOT be accepted.

Transit # (5 digits) | Bank code # (3 digits) | Account # (maximum 12 digits)

You must print THEN sign this form
SIGNATURE **DATE (YYYY/MM/DD)**

FOR JOINT ACCOUNTS, AUTHORIZATION OF SECOND PARTY:

You must print THEN sign this form
SIGNATURE **DATE (YYYY/MM/DD)**

I authorize Coughlin & Associates Ltd. to debit my account indicated above each month for all payments payable to the insurance trust fund. The Pre-Authorized Payment Plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice.

I authorize Coughlin & Associates Ltd. ("Coughlin") to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union and auditors; and the plan administrator Coughlin for the purposes of group benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Protecting your personal information Coughlin & Associates Ltd. recognizes and respects every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. We use the information to administer the group benefit plans. Your information is kept in a secure environment. We limit access to any party normally recognized by law and accepted privacy guidelines (i.e., PIPEDA; the courts; somebody you authorize; etc).