Pre-authorized payments (PAP)

cupw•sttp

COUGHLIN
employee benefits specialists

Use **Pre-authorized payments (PAP)** to make premium payments from your bank account

Pre-authorized payment eliminates the need for you to write cheques for your CUPW group term life insurance plan 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 debited from your account on the **15th** day of each month.

PROOF OF PAYMENT

Your payments are recorded automatically and individually on your monthly bank statement or pass book.

COMPLETE THE AUTHORIZATION FORM NOW

Just complete the authorization form and include one of your personal cheques marked "**VOID**." Return them to:

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

Tel.: 613-231-4433
Fax: 613-231-2345
Toll-free: 1-888-304-2894
www.coughlin.ca/cupw

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

Enter your personal banking information (as shown on the bottom left corner of your cheque) 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:

090	90999	099	0090099
(Cheque #)	(Transit #)	(Bank code #)	(Account #)

☒ I have enclosed a **MANDATORY "VOID"** cheque. **NOTE:** Line of credit cheques or US accounts can **NOT** be accepted.

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

FOR JOINT ACCOUNTS, AUTHORIZATION OF SECOND PARTY:

MEMBER SIGNATURE | **DATE (YYYY/MM/DD)** | **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 We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to the Plan, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at https://www.peoplecorporation.com/privacy/ or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to privacy.officer@peoplecorporation.com.