



Route to Payroll Department, Courier #471

## Pre-Authorized Debit (PAD) Agreement For Benefit Premiums during Leave of Absence

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

I authorize School District #36 (Surrey) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payment of the benefit premiums required to continue benefit coverage during my Leave of Absence(s) and/or for one-time payments of all charges arising under my School District #36 account(s).

Regular monthly payments for the full amount of funds due will be debited from my specified account on or after the third day of each month.

**Pre-Notification Waiver:** I understand that benefit premium rates are subject to change by the benefit plans. I agree with the Payee to waive the requirement under the Canadian Payments Association Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

School District #36 will obtain my authorization for any other one-time or sporadic debits.

This authority is to remain in effect until School District #36 has received written notification from me of its change or termination. Notification must be provided at least 15 calendar days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I understand and accept the terms of participating in this Personal PAD plan.

Financial Institution & Account Number: Account on file for my main Payroll direct deposit

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use only*

*Payroll:*

*Pay Period:*

LEADERSHIP IN LEARNING

Surrey School District 36 – Payroll Department 14033 92nd Avenue, Surrey, B.C. V3V 0B7  
Tel: (604) 595-6115 Fax: (604) 595-6116 [www.sd36.bc.ca](http://www.sd36.bc.ca)

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