

I/We, in order to be reimbursed, acknowledges that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAD (or up to and including ten (10) business days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account.

I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between Matrix Benefit Services and me/us when disputing any PAD after [90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD].”

Matrix Benefit Services
Pre-Authorized Payment Form Enrollment Request
From Your *Matrix Benefit Services* Billing Statement

Account Name _____

Account Number _____

Contract Number _____

Please Provide the Following Banking Information

Account Type: Chequing o Savings o

Name and Branch of Financial Institution _____

Branch Address _____

Branch Transit Number _____

Account Number _____

Be sure to include a VOIDED personal cheque.

I/We hereby authorize Matrix Benefit Services and the financial institution indicated above to release funds for payment for monthly billing charges as stated on a statement mailed to the company prior to the debit date. To be drawn on the above account on the **1st day of each month** commencing _____.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authorized Signature _____

Date _____

PAP ENROLLMENT CHECKLIST:

- Complete and sign the pre-authorized payment form in with this brochure.
- Attach your company cheque marked “void”.
- Mail the authorization form and void cheque to our office, along with this month’s payment.



**pre-authorized
payment
plan**



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Want to pay your bills on time and save even more time and money?

With our Pre-authorized Plan, your payment is made automatically on the payment due date.

⇒ **Save Money**

Forget about buying stamps, incurring late payment charges, and reduce your bank charges for bill payment.

⇒ **Save Time**

Forget about writing cheques or making trips to the bank or post office to pay your bills.

⇒ **Save Worry**

Forget about cheques that get delayed in the mail or about missing your payment due date. No worry of interruption in your group insurance coverage.

Common Questions about Pre-authorized Payment Plans (PAPs):

Q: How are payments made using PAPs?

A: On the predetermined due date, our financial institution will instruct your bank to deduct the amount due from your account. Your bank will then withdraw this amount and forward it electronically to be credited to the company's bank account.

Q: Why Matrix asks for a void cheque to set up a PAP arrangement?

A: We use the MICR-encoded information (located on the bottom of the cheque) for the financial institution's transit number and your account number to set up the PAP. Using the "void" cheque to obtain this information lessens the chance of error.

Q: What additional costs will you incur if you use our PAP to make payments?

A: None, we do not charge any additional fees for PAPs. You will save money on postage and hassles of late payments.

Q: How will you be notified of the amount we will deduct on the 1st day of each month?

A: The amount of your group insurance may vary each month, Matrix will send you a billing statement at least 10 calendar days before the payment due date.

Q: What happens if you don't have sufficient funds in your account to pay the PAP on the authorized payment date?

A: Unless you have issued a stop payment on the item or revoked your authorization, you are fully obligated to have sufficient funds in your account to pay the PAP, just like a cheque. Returned item fees may be charged by your financial institution and **your group insurance coverage will be suspended.**

Q: What should you do if you change bank accounts?

A: If you change your bank account while you have a PAP arrangement with Matrix, you should advise us immediately. If you do not, the PAP may continue to be sent to the incorrect account and could be returned. This could result in the cancellation of the contract or disruption in service.

Q: How to cancel the PAP arrangement?

A: To cancel a PAP arrangement, simply notify Matrix and keep a record of this notification. We require 30 days notice of all cancellations.

Q: What if the amount withdrawn from your account is incorrect?

A: You should contact Matrix immediately. If we confirm that this is the amount owing on your billing statement and you still disagree, you can ask the bank to reverse the transaction and funds to your account. Your bank will ask you to sign a declaration stating why the item is being returned. A reversal of funds will cause your group insurance account to be suspended.

Q: Should I be concerned with privacy and confidentiality by using a PAP?

A:No. You will likely have more privacy with a PAP payment. As many as ten people handle a cheque from the time it is written until the funds are finally transferred from your bank account to ours. Also, cheques include your name, address, and in some cases, your telephone number – not to mention your authorizing signature(s). Since a PAP is an electronic payment, funds are transferred directly from your bank account to the our bank account.

Terms & conditions:

1. This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/We must provide notice of revocation to Matrix Benefit Services.

2. "I/We acknowledge that provision and delivery of this authorization to Matrix Benefit Services constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us."

3. "I/We acknowledge that this Authorization is provided for the benefit of Matrix Benefit Services and any such bank/financial

institution is provided in consideration of bank/financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".

4. Matrix Benefit Services will provide, for fixed amount PADs, written notice of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or, with respect to variable amount PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every PAD.

5. "I/We undertake to inform Matrix Benefit Services, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD".

6. "I/We acknowledge that bank/financial institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.

7. "I/We acknowledge that bank/financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by Matrix Benefit Services as a condition to honouring a PAD issued or caused to be issued by Matrix Benefit Services Ltd on my/our account".

8. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and Matrix Benefit Services. My/our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged".

9. "A PAD may be disputed by me/us under the following conditions:

- (i) the PAD was not drawn in accordance with my/our Authorization; or
- (ii) the authorization was revoked; or
- (iii) pre-notification was not received.