



**Personal pre-authorized debit agreement**

This Pre-Authorized Debit (PAD) form authorizes Green Shield Administration to withdraw your benefit premiums directly from your financial institution.

Full name

Benefit ID Number

Banking information

Name of financial institution

Bank address

Institution number (3 digits)

Bank transit number (5 digits)

Account number

## Authorization for Pre-Authorized Debit (PAD)

You authorize **Green Shield Administration** to withdraw monthly premium payments from the designated account based on my selected coverage. This authorization includes adjustments for changes in premiums, coverage, or retroactive amounts owed.

In the event of changes to your coverage or benefits, or if a payment has been missed, you waive the requirement for prior written notice of the date and amount of the deduction. However, you will receive prior notification from the HPBA Administrator of any change in the deduction amount, in advance wherever possible.

Please ensure sufficient funds are available to cover deductions. Any non-sufficient funds (NSF) fees are your responsibility. Failure to maintain contributions may result in termination of coverage. However, HBPA administrator will make reasonable efforts to contact you using the information provided.

You consent to the disclosure of information contained in this Pre-Authorized Debit Agreement to your financial institution, strictly for purposes related to the application of PAD rules.

This authorization will remain in effect until you revoke it by providing verbal or written notice of termination to the HPBA Administrator at **Ontario HBPA, 135 Queen's Plate Drive, Suite 420, Toronto, ON M9W 6V1**, or by calling **416-747-5252 ext. 24**.

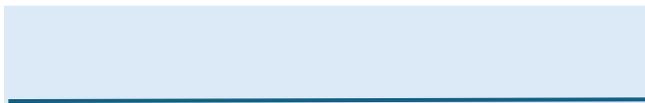
You have certain recourse rights if any debit does not comply with this agreement. For example, you are entitled to reimbursement for any unauthorized or inconsistent debit. For more information on your recourse rights, contact your financial institution or visit **payments.ca**.

This agreement becomes effective **February 1, 2026**.

I hereby authorize **Green Shield Administration** to:

- Securely retain my banking information for the purpose of administering my benefits; and
- Withdraw funds from my designated bank account to cover the cost of benefits coverage, as applicable.

Signature:



Date:

