



Please send completed form to:

BCCA Employee Benefits
Suite 120 - 4401 Still Creek Drive
Burnaby, BC V5C 6G9

Easy Pay Form

- New Pre-Authorized Payment Agreement
- Change Details on Existing Pre-Authorized Payment Agreement

Group Information

Name of Group: _____

Policy Number: _____ Division Number(s): _____

Bank Account Holder(s) Name(s) and Address(es) (The Payor)

Name: _____

Address: _____

Name and address of Financial Institution

Name: _____

Address: _____

Account Information

We require **BOTH** of the following:

1. A "VOID" cheque OR any bank issued statement that provides the details below.
2. Branch ID Institution Account No.

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Authorization

By signing this agreement, the Payor authorizes BCCA Employee Benefit Trust to withdraw amounts owed** by initiating debit entries to the account at the Financial Institution listed above. Further, the Payor authorizes the Financial Institution to accept and to charge any debit entries initiated by BCCA Employee Benefit Trust to the account.

**The amount owed will be withdrawn from your account, usually within the first business week of the month, according to the statement as produced through BCCA Employee Benefit Trust.

New Group Initial Authorization:

I authorize BCCA Employee Benefit Trust to withdraw the amount of the binder payment (equivalent to first month's estimated contributions) to initiate group set-up of benefits.

Signature: _____ Date: _____