
Business Pre-Authorized Debit Agreement

Part A: Client Identification

PlanHolder Name: _____

Contact Name: _____ Telephone: _____

Part B: Pre-Authorized Debit (PAD) Information

1. The intent of this PAD is to facilitate the online submission of health benefit claims by the employees of the PlanHolder identified in Part A through the use of a business PAD with Brock Health Administration Ltd (Brock Health). Brock Health will debit the bank account of the PlanHolder for the cost of processing the health benefit claim submitted by the employee.
2. The authorization provided by this PAD will allow initial and subsequent claims to be submitted online and health benefit plan payment transactions to be conducted until such time as the authorization is revoked by the PlanHolder.
3. For each PAD transaction with the PlanHolder, Brock Health will debit the bank account identified in Part C. Since the timing of the debits will be sporadic, the launch of each transaction will be specifically initiated by the PlanHolder through clicking the "Submit Claim" button on the Brock Health website page for Online Claim Submissions. By launching an online claim submission, the PlanHolder will be concurrently authorizing a PAD withdrawal transaction from the identified bank account. It will be the responsibility of the PlanHolder to ensure the bank account to be debited has been correctly communicated to Brock Health. Furthermore, it will be the responsibility of the PlanHolder to ensure sufficient funds are available in the account at the time the health benefit claim submission is initiated.
4. The initial and subsequent PAD transactions will be executed against the same bank account until such time as the PlanHolder notifies Brock Health of any change of the bank account.
5. The amount of each debit will be variable depending on the adjudicated amount of the claim submitted. The maximum amount of the PAD will be calculated and presented to the PlanHolder at the time the online claim is submitted. Adjudication by Brock Health and processing of the claim will occur within 3 business days. Upon adjudication of the claim by Brock Health, the PAD will be executed for the adjudicated amount, which at no time will exceed the amount presented to the PlanHolder at the time of submission.
6. This PAD only applies to the method of payment between the Payor and Brock Health. This agreement and any termination of this agreement has no effect, whatsoever, with respect to the contract of services between the Payor and Brock Health Administration Ltd.

Part C: Bank Information

7. A VOID cheque or approved bank branch validation form **must be attached** with this agreement to verify the account information. This form and bank information can be submitted in advance or at the time of the first health benefit claim. Brock Health will retain the bank account information in their secure files, so that it is only required once.

Attach VOID Cheque Here

Part D: Signature & Authorization

8. By signing this form, the PlanHolder authorizes Brock Health to debit the account held at the financial institution indicated in Part C of this agreement, the amounts presented during the online employee health benefit claim submission process. The PlanHolder agrees that the payments shall be made by electronic withdrawals as described on this agreement or in such manner Brock Health may determine. The PlanHolder understands that the branch of the financial institution at which the account is held is not required to verify that the payment is drawn in accordance with this authorization.
9. The PlanHolder agrees that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
10. The PlanHolder confirms that all persons whose signatures are required to authorize transactions in the bank account specified in Part C have signed this agreement. If the business bank account requires "two-to-sign" authorization for transactions on the account, then a second authorized signatory must endorse this agreement immediately below.
11. The PlanHolder may change or cancel these instructions at any time provided that Brock Health receives at least 5 business days notice by FAX, or mail. To obtain more information regarding the PlanHolder's rights to cancel a pre-authorized debit agreement, the PlanHolder may consult their financial institution or visit the Canadian Payments association website at **cdnpay.ca**
12. The PlanHolder has certain recourse rights if any debit does not comply with this agreement. For example, the PlanHolder has the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on the PlanHolder's recourse rights, the PlanHolder may contact their financial institution or visit **cdnpay.ca**
13. Brock Health uses a third party to administer this PAD. This provider is currently Bank of Montreal of 100 King Street West, Toronto, Ontario, M5X 1A3.
14. The PlanHolder may contact Brock Health at 14505 Bannister Road, Suite 103, Calgary, Alberta, T2X 3J3 or call toll free at 1-866-959-7483.
15. The PlanHolder acknowledges and agrees that the PlanHolder is fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason. The PlanHolder is held accountable for compensation to Brock Health for those charges.
16. The PlanHolder has requested this application form and all other documents relating hereto to be in English. J'ai exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

The undersigned hereby authorizes the execution of the above. The PlanHolder's financial institution is authorized to treat each debit as if a cheque had been issued authorizing such payment and debit.

Authorizing Signature: _____ Date: _____

Second Authorizing Signature: _____ Date: _____

(if required)

Page 2 of 2