

# Manulife Business Pre-Authorized Debit (PAD) Payor's Authorization

This Pre-Authorized Debit (PAD) Authorization is for Business Purposes.

You can find this form online by signing in to your account with your Manulife ID at [manulifeim.ca/retirement](https://manulifeim.ca/retirement). Look for Forms under 'Quick links' or 'Helpful information' on your homepage.



## Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to [manulifeim.ca/retirement](https://manulifeim.ca/retirement), click 'Sign in' and follow the instructions to set up your Manulife ID.

**Please print clearly in the blank boxes. Remember to sign and date the form.**

Need help? Contact Customer Service at 1-888-727-7766.

## 1. Plan Sponsor/Employer information

Plan Sponsor/Employer (the "Payor")		Group policy number	
Plan number	Plan group/Division		
Payor's address (number, street)			
City or town	Province	Country	Postal Code
Telephone number		Email address	

## 2. Payor's banking information

**Attach "VOID" cheque and mail to Manulife along with the original of this form.**

☐ New PAD agreement ☐ Change existing PAD agreement ☐ Void cheque is attached

Name of Financial Institution (Processing Institution)		Effective date (dd/mm/yyyy)
Address		
Transit number	Bank number	Account number

## 3. Acknowledgement

The Payor acknowledges that this Authorization is provided to The Manufacturers Life Insurance Company ("Manulife"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of the Canadian Payments Association.

- The Payor acknowledges that provision and delivery of this Authorization to Manulife constitutes delivery by the Payor to the Processing Institution.
- The Payor agrees to inform Manulife in writing of any change in the Account Information 5 days prior to the contribution being submitted.
- The Payor warrants and guarantees that all person(s) whose signatures are required to sign on this Account have signed this Authorization and that all person(s) signing this Authorization are authorized signing officers empowered to enter into this agreement.
- The Payor hereby authorizes Manulife to issue Pre-Authorized Debits drawn on this Account with the Processing Institution, for the following purpose:
  - Payment of Group Savings Plan contributions, as submitted by the Plan Sponsor for the Group Policy number noted in Section 1.
  - The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor.
- The Payor and Manulife agree that the amount of the PAD may vary from month to month according to the contribution information submitted by the Payor. **Pre-notification: The Payor waives their right to receive pre-notification of the amount of the PAD and agree that they do not require advance notice of the amount of PADs before the debit is processed.**
- The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife.
- This Authorization may be revoked by the Payor upon 30 days' written notice. Revocation does not terminate the Group Policy. This Authorization applies only to the method of payment and does not otherwise have any bearing on the Group Policy. A sample cancellation form, or further information on the Payor's right to cancel this PAD is available from Manulife or by visiting [www.payments.ca](https://www.payments.ca).
- This PAD may be disputed by the Payor if:

- i) the debit was not drawn in accordance with this Authorization; or  
ii) this Authorization was revoked prior to the debit.

The Payor must provide a declaration to the Processing Institution that either i) or ii) has taken place within a delay of 10 business days from the date on which the debit in dispute was posted to the Payor's Account. The Payor acknowledges that a claim on the basis that this Authorization has been revoked, or any other reason, is a matter to be resolved solely between the Payor and Manulife when disputing any PAD after such 10-day delay.

9. The Payor consents to the disclosure of any information contained in this Authorization to Manulife's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.
10. The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation of this Pre-Authorized Debit.
11. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive a reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact Manulife or visit [www.payments.ca](http://www.payments.ca).

#### 4. Please sign here

Signed at _____ this _____ day of _____, _____ Year		
Per (payor signature, cheque signing authorization)	Name	Title
Per (second payor signature, if required)	Name	Title

#### Send us your documents online



It's faster and safer than email or regular mail.

From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents**.

or

From your desktop or tablet, sign in to your account at [manulifeim.ca/retirement](http://manulifeim.ca/retirement) using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' or 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

#### Mailing instructions

Send your completed forms to the address below.

**If you live outside of Quebec:**

**Manulife**

**Attn:** GRS Client Services

P.O. Box 396

Waterloo, ON N2J 4A9

Fax: 1-866-945-5110

**If you live in Quebec:**

**Manulife**

**Attn:** Group Retirement Solutions

2000 Mansfield, Suite 1410

Montréal, QC H3A 3A2

Fax: 1-866-945-5109

We collect, use and disclose your personal information for the purpose identified in this form. Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information you can review our Canadian Privacy Policy at [www.manulife.ca](http://www.manulife.ca).