

# Pre-authorized payments (PAP)



## Use Pre-authorized payments (PAP) to make premium payments from your bank account

Pre-authorized payment eliminates the need for you to write cheques for your group insurance plan premiums. Instead, payments can be made automatically through your bank or financial institution account.

### ECONOMICAL

One authorization is all that is required for the payments to be made automatically through your bank or financial institution. This means reduced postage costs for you.

### PAYMENT DATE

Payments will be debited from your account on the 15<sup>th</sup> day of each month.

### PROOF OF PAYMENT

Your payments are recorded automatically and individually on your monthly bank statement or pass book.

### COMPLETE THE AUTHORIZATION FORM NOW

Just complete the authorization form and include one of your personal cheques marked "VOID." Return them to:

Coughlin & Associates Ltd.  
P.O. Box 3517, Station C  
Ottawa, ON K1Y 4H5

**Tel.:** 613-231-2266

**Fax:** 613-231-2345

**Toll-free:** 1-888-613-1234

[www.coughlin.ca](http://www.coughlin.ca)



UNION LOCAL OR EMPLOYER NAME		MEMBER NAME	
ADDRESS		CITY	PROVINCE
EMPLOYEE IDENTIFICATION NUMBER		HOME TELEPHONE NUMBER	EMAIL

Enter your personal banking information (as shown on the bottom left corner of your cheque) in the next three fields. Please use the sample cheque number pattern as a guide to completing this section. **NOTE:** cheque number is not required.

**Sample cheque number pattern:**

090 (Cheque #)	90999 (Transit #)	099 (Bank code #)	0090099 (Account #)
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I have enclosed a **MANDATORY "VOID"** cheque. **NOTE:** Line of credit cheques or US accounts can **NOT** be accepted.

Transit # (5 digits)	Bank code # (3 digits)	Account # (maximum 12 digits)
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**FOR JOINT ACCOUNTS, AUTHORIZATION OF SECOND PARTY:**

SIGNATURE	DATE (YEAR/MONTH/DAY)	SIGNATURE	DATE (YEAR/MONTH/DAY)
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I authorize Coughlin & Associates Ltd. to debit my account indicated above each month for all payments payable to the insurance trust fund. The Pre-Authorized Payment Plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice.

I authorize Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees; actuaries and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding my pension to which I am entitled. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

**Protecting your personal information** The administrator of your group benefits plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.