### **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 PSAC group life 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**

have granted access, and to persons authorized by law.

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 3518, Station C Ottawa, ON K1Y 4G1

**Tel.:** 613-237-6792 **Fax:** 613-231-2345

Toll-free: 1-800-216-1107 www.coughlin.ca/psac-afpc

UNION LOCAL OR EMPLOYER NAME		MEMBER NAME			
ADDRESS		CITY		PROVINCE	POSTAL CODE
REFERENCE NUMBER	HOME TELEPHONE NUMBER	EMAIL			
your cheque) in the next three field	dit	er pattern	Sample cheque number pa	(Bank code #	(Account #)
ьо иосориси.		FOI	FOR JOINT ACCOUNTS, AUTHORIZATION OF SECOND PARTY:  SIGNATURE  DATE (YEAR/MONTH/		

PRE-AUTHORIZED PAYMENTS (PAP) FORM

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