



Suite 700 Weber Centre
 5555 Calgary Trail
 Edmonton | Alberta | T6H 5P9
 Phone: 1-877-431-4786
 www.asebp.ab.ca

DIRECT WITHDRAWAL OF PREMIUM PAYMENTS

Please use this form for changes to your banking information if you have **Early Retiree** or **Substitute Teacher & Casual Staff** benefits or you are continuing benefits while on a **leave of absence**.

INSTRUCTIONS:

This form only informs ASEBP of a change to the bank account from which your monthly premium payments are taken. To inform ASEBP of a change to the bank account used to deposit your claim payments, please complete an *Automatic Direct Deposit form (ASEBP040)*.

1. Complete all sections to instruct your financial institution to make premium payments to Alberta School Employee Benefit Plan (ASEBP) directly from your bank account.
2. Attach a blank cheque marked **VOID** or the appropriate information from your banking representative
3. Please return this form to ASEBP at the above address.
4. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy statement at www.asebp.ab.ca/privacy.html, or contact the Privacy Officer at 780-431-4786.

A. Personal Information *(please print)*

Employer's name: _____

Employee's name: _____

ASEBP ID #: _____

Employee's mailing address: _____

Birth date: _____

City: _____

Postal code: _____

_____/_____/_____
 YYYY / MM / DD

B. Personal Pre-Authorized Debits (PADs) Agreement

I authorize ASEBP to begin monthly automated withdrawals for payment of my benefit premiums from the bank account identified on the **attached VOID cheque** or bank account information obtained from my financial institution. I understand that the following conditions apply:

- a) I will pay the monthly premium amount noted in my approval letter and a monthly statement will not be issued
- b) I will receive at least 10 days prior notification of changes in the monthly amount payable due to:
 - Premium rate adjustments, which typically occur in September as authorized by ASEBP Trustees
 - A change in benefit coverage (e.g., from "single" to "family" coverage)
- c) My premium payment will automatically be withdrawn from my bank account on the **15th** of each month. If the 15th falls on a weekend, the withdrawal will occur on the next business day
- d) Premiums are billed in complete months and if my benefits terminate prior to the last day of the month, I will remain responsible for the full month's premium
- e) If there is a change in coverage that takes effect part way through a month (e.g. a change from "family" to "single" status), the premium and coverage in effect at the beginning of the month will stay in effect until the end of that month. On the first day of the following month, the new coverage will come into effect and ASEBP will charge me the new premium
- f) I understand that I will not receive credits or refunds for premiums already paid
- g) I will notify ASEBP of any changes to my banking information

My authorization will remain in effect until there is 30 days written notification of termination from either myself or ASEBP. To obtain a sample cancellation form, or for more information on my right to cancel this PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

If ASEBP makes a withdrawal in error or for the incorrect amount, I will notify ASEBP as soon as possible. If ASEBP is aware of an error, ASEBP will correct the error and notify me as soon as possible.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Continue to Next Page

If you have any questions about this PAD Agreement, please contact ASEBP:

Suite 700 Weber Centre
5555 Calgary Trail
Edmonton, AB T6H 5P9
Toll-free: 1-877-431-4786
Fax: 780-438-5304
Email: benefits@asebp.ab.ca

C. Collection, Use and Disclosure of Personal Information

ASEBP will have to collect personal information from you relating to your banking information. This personal information is necessary to set up direct debit service with your financial institution to withdraw your premium payments from your bank account.

It may be necessary for ASEBP to disclose some or all personal information to its staff, any consultants hired by ASEBP and your financial institution for these purposes.

I consent to the collection, use and disclosure of personal information as described above or to government and regulatory authorities within provisions of the relevant privacy legislation.

I may revoke my consent at any time and acknowledge that doing so may affect my eligibility to receive group benefits. I understand why the information is required and am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I agree to the above and declare that my statements in this application are complete, accurate and true.

Signature: _____

Date: _____