

Pre-Authorized Debit Agreement

Common Wealth Pension Services Inc.

Conditions:

I/We confirm that:

1. By signing below, you authorize Common Wealth Pension Services Inc to debit the bank or other financial institution account for payment amounts related to monthly employer subscription fees.
2. Common Wealth Pension Services Inc. will be informed in writing of any change to the account information provided herein at least 10 business days prior to the next scheduled payment date of the PAD.

Contact information:

Employer name:

Phone number:

Name of Employer Representative:

CWT Account Number:

I authorize the processing of a Pre-Authorized Debit ('PAD') through our bank account as detailed below.

Name of payor:					
Name of financial institution:					
Address of financial institution:					
Branch number:		Institution number:		Account number:	

I agree to the terms and conditions of this agreement stated on this form.



Authorized Employer representative signature

Date (DD/MM/YYYY)

***Please attach a copy of a blank cheque marked VOID for the account from which payments are to be taken**

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