

**INSTRUCTIONS:**

- Complete this form, sign and date it, and forward with a void cheque to the above mailing address or fax it to: **250 405-4414** (Do not mail your original application if sending by fax.)
- Payments **must** be paid in the usual manner until you are notified that your pre-authorized debit (PAD) plan arrangement is in effect.
- For more information or assistance with this form, please call (toll-free): **1 866 361-5050**

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Chief Privacy, Security & Compliance Officer, HP Advanced Solutions, 2200-4464 Markham St, Victoria BC V8Z 7X8 (telephone: 250 405-4500).

**SECTION A – APPLICANT INFORMATION**

ACCOUNT NUMBER <b>X 3 4</b>	BUSINESS NAME	
MAILING ADDRESS (include street or PO box number, city and province)		POSTAL CODE
BUSINESS CONTACT NAME	BUSINESS TELEPHONE NUMBER ( )	BUSINESS FAX NUMBER ( )

**SECTION B – FINANCIAL INSTITUTION INFORMATION**

(  ) Void cheque enclosed (credit card cheques are not accepted) or authorizing documentation from financial institution indicating transit number, bank number and bank account number.

TRANSIT NUMBER (5 digits)	INSTITUTION NUMBER <b>0</b>	BANK OR FINANCIAL INSTITUTION ACCOUNT NUMBER
NAME OF BANK OR FINANCIAL INSTITUTION		
NAME OF BANK ACCOUNT HOLDER (if different from above)		
ADDRESS OF BANK OR FINANCIAL INSTITUTION (include street or PO box number, city and province)		POSTAL CODE

**Please Note:** Your withdrawal date will be the 15<sup>th</sup> of each month (see conditions on reverse).

**SECTION C – AUTHORIZATION**

I/We have read, understood, and accept all provisions contained on this form, including the Terms and Conditions on reverse. Any delivery of this authorization to the Revenue Services of British Columbia constitutes delivery by me/us to the bank or financial institution (hereafter referred to as your bank).

Revenue Services of British Columbia is hereby authorized to withdraw funds from my/our bank account identified above to cover all amounts due on the Medical Services Plan (MSP) account number identified above. I am/We are all the persons whose signatures are required to sign on the above account.

I/We undertake to promptly notify Revenue Services of British Columbia, in writing, of any change in the account information provided in this authorization and understand that, by law, Revenue Services of British Columbia must be advised within 14 days of any change to the address on the account.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain a reimbursement claim form, or for more information on my/our recourse rights, I/we may contact my/our bank or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**I/We hereby waive any and all requirements for pre-notification of debiting, including, but not limited to pre-notification of changes in the amounts.**

ACCOUNT HOLDER (print name)	SIGNATURE OF BANK ACCOUNT HOLDER <b>X</b>	DATE SIGNED YYYY/MM/DD
ACCOUNT HOLDER (print name)	SIGNATURE OF BANK ACCOUNT HOLDER <b>X</b>	DATE SIGNED YYYY/MM/DD

# Medical Services Plan Pre-Authorized Debit (PAD) Plan Terms and Conditions

---

By signing this application you acknowledge that authorization is provided for the benefit of the Medical Services Plan (MSP), Revenue Services of British Columbia and your bank or financial institution (hereafter referred to as your bank) and is provided in consideration of your bank agreeing to process debits against the bank account indicated on the front of this form, in accordance with the rules of the Canadian Payments Association.

**The amount to be withdrawn against your account may vary as MSP premiums are subject to change. Revenue Services of British Columbia and your bank will process debits against your account and withdraw all such amounts without any pre-notification or consent by you.**

Premiums must be paid in the usual manner until you are notified that your PAD arrangement is in effect. If your account is in arrears, the first withdrawal will include any outstanding premiums, interest, NSF fees and current premiums.

All pre-authorized debit withdrawal dates will take place on the 15<sup>th</sup> of each month or, when the 15<sup>th</sup> is on a weekend or statutory holiday, on the next business day.

If payments are returned, an applicable service charge fee will be applied for each failed withdrawal attempt. When two consecutive monthly pre-authorized withdrawals are returned by your bank due to “NSF” or “Funds Not Cleared”, we will terminate the pre-authorized debit plan. If a pre-authorized withdrawal is returned for any other reason, we will terminate the pre-authorized debit plan following the first attempt. You will be notified of the returned payment by written notice to the current address on your account.

You may cancel this authorization by notifying Revenue Services of British Columbia at least 21 calendar days in advance of the next pre-authorized debit withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your bank or visit [www.cdnpay.ca](http://www.cdnpay.ca). Failure to provide required cancellation notice may result in a service charge fee if the payment is returned.

Neither termination of the pre-authorized debit plan by Revenue Services of British Columbia nor cancellation of this authorization by you terminates health coverage under the MSP account; only the method of payment is affected.

Your bank is not responsible for verifying whether payments have been issued in accordance with the particulars of this agreement.

You can dispute a pre-authorized withdrawal under the following conditions:

1. The withdrawal was not drawn in accordance with your authorization; or
2. The authorization was cancelled in accordance with the terms and conditions of this application.

In order to be reimbursed for a disputed withdrawal, you must complete a declaration to the effect that either 1 or 2 above took place. In the case of a business pre-authorized debit, you must present the completed declaration to the branch of the bank holding your account up to and including 10 business days after the date on which the withdrawal in dispute was posted to your bank account. After 10 business days, a dispute for any reason is a matter to be resolved solely between you and Revenue Services of British Columbia.