

SELECTPAC EFT

PRE-AUTHORIZED BUSINESS DEBIT AUTHORIZATION TERMS AND CONDITIONS

1. In this Authorization "we" and "our" refer to the Group Client (premium payor).
2. We agree to participate in this direct payment plan for paying variable amounts of premiums and other amounts due from us to Great-West Life, and we authorize Great-West Life to draw a debit in paper, electronic or other form on our Account and Financial Institution branch indicated on the voided cheque.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to Great-West Life (with a copy to our Financial Institution). Notice of revocation will be effective 10 days after receipt by Great-West Life. This Authorization applies only to the method of payment. We agree that revocation of this Authorization does not terminate any contract that exists between us and Great-West Life.
4. Great-West Life may revoke this Authorization at any time by delivering a written notice of revocation to us. Such notice will be effective 10 days after mailing. The previous payment method (cheque) will then be in effect.
5. We acknowledge that in the absence of a waiver we are, under the Canadian Payments Association Rules, entitled to at least 10 calendar days notice of the amount of a withdrawal and hereby waive the requirement for the giving of such notice.
6. We may claim for a reimbursement from our Financial Institution (with prior notice to Great-West Life) for up to 10 business days after it was posted for the following reasons:
 - ◆ this Authorization was never provided to Great-West Life
 - ◆ the pre-authorized debit was not drawn in accordance with this Authorization
 - ◆ this Authorization was revoked
 - ◆ the debit was posted to the wrong account due to invalid or incorrect account information supplied by us.
7. We agree that the Financial Institution is not required to verify that any payment has been drawn, in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any payment.
8. We agree that delivery of this Authorization to Great-West Life constitutes delivery by us to the Financial Institution. We agree that Great-West Life may deliver this Authorization to our Financial Institution.
9. We certify that all information provided with respect to our Account is accurate and we agree to inform Great-West Life, in writing, of any change in our Account information provided in this Authorization, at least 10 business days prior to the next due date for payment.
10. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this master application.
11. We understand and agree to the terms and conditions set out above and on the reverse, and we acknowledge receipt of a copy of this Authorization. We consent to the collection, use and disclosure of any personal information required to facilitate the pre-authorized debit.
12. We agree to comply with the Canadian Payments Association Rules, or any other rules or regulations which may affect the services described above, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described above.

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PRE-AUTHORIZED BUSINESS DEBIT AUTHORIZATION

1. To instruct your financial institution to make payments directly from your account, please complete all sections on this Authorization AND include a blank cheque marked "VOID".
2. We agree that direct payment may be drawn on our account on the first day of each month or at such other frequency as may be agreed by us and Great-West Life beginning _____ Year _____ in respect of Policy Number _____ and Division Number(s) _____ .

PAYOR (Please type or print clearly)

CORPORATION NAME:	
Address:	
City/Town:	Postal Code
Name(s) and Title(s) of Authorized Signing Officer(s):	Phone Number
Signature(s) of Authorized Signing Officer(s):	Date

If you have any questions, please contact your local Great-West Life representative.