

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

To pay your membership fees by pre-authorized debit (PAD), complete this form and attach a VOID cheque from a Canadian bank account. Please send both items to the CMPA by fax or member portal (requires member number and password).

Warning(s): Changes to your banking information or method of payment must be made by the 15th of any given month to be reflected on the debit for the current month. Changes made between the 16th and the 20th of the month may or may not be recorded in time for the current month's pre-authorized debit.

PLEASE PRINT

Name:

FIRST NAME

MIDDLE NAME

LAST NAME

CMPA member number:

(IF APPLICABLE)

Please select a payment method:

Annual pre-authorized direct debit: The CMPA debits your annual fee from your selected Canadian bank account on January 20 of each year, or the next business day. If you participate in a provincial early reimbursement program, your bank account will be debited on the agreed-upon date specified in the documents from your province. Early reimbursement is available in Alberta, Ontario and Québec only, and you have to complete all the necessary documents, if applicable.

Monthly pre-authorized direct debit: The CMPA debits your monthly fee from your selected Canadian bank account on the 20th of each month, or the next business day. This is not available to members participating in a provincial early reimbursement program (in Alberta, Ontario and Québec).

I authorize the Canadian Medical Protective Association (CMPA) to debit my bank account on the date(s) indicated above, or the next business day, for all payments due to the CMPA as detailed on my invoice. If a debit to my account is not honoured or if I request a change in my protection that results in a higher fee, I authorize the CMPA to debit my account the following month for the outstanding balance. I hereby waive my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount before the debit for my personal PAD is processed.

Participation in the PAD plan continues until you notify the CMPA to do otherwise. You have certain recourse rights if any debit does not comply with the signed agreement. You may revoke your authorization at any time, subject to providing notice of 30 days. For more information about pre-authorized debits, contact your financial institution or visit www.payments.ca.

Signature:

Name:

Date:

(MM/DD/YYYY)

Signature:

Name:

Date:

(MM/DD/YYYY)

Signature:

Name:

Date:

(MM/DD/YYYY)

YOUR CMPA MEMBERSHIP AND MUTUALITY

The CMPA provides medical liability protection for its members who, in turn, are expected to practise in a manner that aligns with the ethics and expectations of the profession and the values of the Association (the mutual).

END