

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).

PLEASE PRINT

Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Your CMPA Member number:

(IF APPLICABLE)

Please select a payment method:

Annual PAD: The CMPA debits your bank account on January 20th of each year for members on the calendar cycle; or July 20th for members on the academic cycle; or on the date specified in the information provided by your province if you participate in a provincial early reimbursement program, available in Alberta, Ontario, and Québec (or the next business day).

Early reimbursement program participants only: Complete all provincial documents, if applicable, and verify that you are eligible to participate in the early reimbursement program in Alberta, Ontario or Québec.

Monthly PAD: The CMPA debits your bank account on the 20th of each month (or the next business day).

Note: This payment method 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. 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 have attached a VOID cheque from the account to be debited. (Canadian chequing or savings account only — cannot be a line of credit or credit card account.)

I understand that my participation in the PAD plan will continue until I instruct otherwise.

You have certain recourse rights if any debit does not comply with this agreement. You may revoke your authorization at any time, subject to providing notice of 30 days. For more information contact your financial institution or visit www.cdnpay.ca.

For any account where more than one signature is required, the minimum number of authorized signatories must sign and indicate their title.

Signature: _____ Date: _____ Title: _____
(MM/DD/YYYY)

Signature: _____ Date: _____ Title: _____
(MM/DD/YYYY)

Signature: _____ Date: _____ Title: _____
(MM/DD/YYYY)

YOUR CMPA MEMBERSHIP AND MUTUALITY

The CMPA provides 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) as described in its Bylaw.

