

This Agreement is for the following PAD Options:

- *Setting up a new PAD for your Bright Benefits Ltd's Health Spending Account*
- *Changing the existing PAD Account used to pay your Health Spending Account Processing Fees.*
- *Cancelling the existing PAD set up for your Health Spending Account Processing Fees*

Please choose your PAD Request Option (only ONE) in Section 4 below.

Complete All Sections Below

1. HSA Policy Holder Information *(Please print clearly)*

Company: _____

Mailing address: _____

City: _____ Province: : _____ Postal code: _____

Telephone _____

2. Bright Benefits Ltd Payment Amount ("Payment Amount") *(Check one)* Minimum Payment Balance in Full

3. Pre-Authorized Debit from Canadian Chequing or Savings Account ("PAD Account") *(Check one)* Chequing Account Savings AccountPay Bright Benefits Ltd from your Canadian Dollar Chequing or Savings Account described below (the "**PAD Account**"): AccountNumber: Transit Number: Financial Institution Number: Financial Institution: _____
Name

Address

IMPORTANT: You must include a "VOID" cheque for a chequing account or the top portion of your statement for a savings account. Your PAD request cannot be processed without it.

4. PAD Request Options *(Check one)***A. New PAD Set-Up**

By signing below you authorize us to debit the PAD Account set out above for all amounts owed to us from time to time under your Health Spending Account & for other products and services for the Payment Amount indicated above in Section 2.

B. Change Existing PAD Account

By signing below you authorize us to debit the PAD Account set out above for all amounts owed to us from time to time under your Health Spending Account and for payment for other products/service for Amount indicated above in Section 2 and to cease debiting the PAD Account you previously established for this purpose.

C. Cancel Existing PAD

By signing below you cancel the PAD you previously established to pay all amounts owed to us from time to time under your account. You acknowledge and agree that this cancellation does not terminate your service and does not relieve you of any obligation to pay all amounts owing to us under your health spending account or any other product or services by a method of payment that is satisfactory to us.

IMPORTANT: If your chequing or savings account is a joint account, all authorized signatures are required. You confirm that you have read, understand and agree to the Terms and Conditions of this PAD Agreement both above and below.

Signature of account holder

Signature of joint account holder

Name (Please print)

Name (Please print)

Date (Month / Day / Year)

Date (Month / Day / Year)

Once completed, please print, sign and mail or email this PAD Agreement to the address or applicable email set out below. If you have any difficulties with completing this PAD Agreement, please contact to Bright Benefits Ltd:

Bright Benefits Ltd
855 Arcola Avenue
Regina, SK S4N 0S9

Email: info@brightbenefits.ca
Phone: 306-910-7505
www.brightbenefits.ca

PAD Agreement Terms & Conditions

1. Definitions

In addition to the defined terms set out above, in this PAD Agreement:

"*We*", "*us*", "*our*", and "*Bright Benefit*" refer to The Bright Benefits Ltd and its successors or assigns.

"*You*" and "*your*" refer to each holder of the PAD Account.

2. Acknowledgements

You acknowledge that:

- (i) If this PAD is used for payment of a Health spending account and other product/services with us, it is a Business PAD;
- (ii) This Agreement is being entered into for our benefit and the benefit of any financial institution that holds the PAD Account (the "*PAD Institution*"), and is being entered into in consideration of the PAD Institution agreeing to process PADs against the PAD Account in accordance with the rules of the Canadian Payments Association;
- (iii) Bright Benefits Ltd may issue a PAD monthly or as required;
- (iv) Delivery of this PAD to us constitutes delivery by you to the PAD Institution;
- (v) AS THE PAYMENT AMOUNT IS VARIABLE, YOU WAIVE ANY REQUIREMENT THAT BRIGHT BENEFITS LTD GIVE PRE-NOTIFICATION OF ANY PAYMENT AMOUNT.

3. Accuracy

You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed this PAD Agreement and that the information set out above in this PAD Agreement with respect to the PAD Account is accurate and complete. You will notify us in writing (by completing a new PAD Agreement) of any change in such information at least 30 days prior to the next due date of a PAD.

4. Cancellation Rights

You may cancel this PAD at any time by giving us 30 days prior written notice. Such written notice may be provided by completing a new PAD Agreement. For more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

5. Recourse Rights

You have certain recourse rights if any PAD does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.