

**PRE-AUTHORIZED PAYMENT FORM**

Please complete this form if you are interested in paying your monthly group benefit premiums to OASSIS via pre-authorized payment. Send the completed form with a void cheque to your OASSIS Benefits Administrator by mail or e-mail.

By signing up for the pre-authorized payment, you will no longer be required to pay your monthly premiums by cheque. Instead, money will be transferred from your account to OASSIS at the beginning of the month approximately 10 days after receiving your premium statement.

In order to qualify for the pre-authorized payment service, your agency must first be set up with e-bill delivery of your monthly premium statement. If you're currently receiving a hard copy of your statement by mail, your OASSIS Benefits Administrator can supply you with the e-bill consent form.

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***All information supplied on this form will be kept confidential and does not permit OASSIS to have access to other banking information.***

**AGENCY NAME** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**NAME OF FINANCIAL INSTITUTION** \_\_\_\_\_

**BRANCH TRANSIT #** \_\_\_\_\_

**BANK #** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_

**WHICH PREMIUM MONTH WILL PRE-AUTHORIZED PAYMENTS BEGIN?**

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***This form must be complete by the 15<sup>th</sup> of the month if you want pre-authorized payments to apply to your next premium statement.***

\_\_\_\_\_  
**Agency Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Authorized Signature**

\_\_\_\_\_  
**Date**

**VOID CHEQUE ATTACHED FOR VERIFICATION PURPOSES.**