

PRE-AUTHORIZED PAYMENT FORM

Agency Information	Agency Name:	Agency ID#/ Location Number:
Agency Authorized Contact Information	Last Name:	First Name:
	Email:	Telephone Number:
OASSIS Policy	<p>Please complete this form to set-up pre-authorized payments or to change the banking information for the monthly group benefit premium withdrawals.</p> <p>Withdrawals will be processed from the employer's account each month on or just after the 4th of each month and approximately 10 days after the premium invoice has been posted to the Employer (Administrator) Portal.</p> <p>Your agency will have access to the monthly premium invoices through the CWI Employer (Administrator) Portal website. The employer's benefit plan administrator will receive an email to notify them when the invoice is available for download. The employer plan administrator should be set up for access to the Employer Portal for invoices and employee documents. If you require assistance for access to the Employer Portal please contact your OASSIS Benefits Administrator can supply you with the e-bill consent form.</p> <p>Note: OASSIS must receive this form by the 15th of the month for pre-authorized payments to be applied on the next statement. Changes received after the 15th will be applied to the following invoice.</p>	
Effective Date (YYYY-MM)	WHICH PREMIUM MONTH WILL PRE-AUTHORIZED PAYMENTS BEGIN?	
Select One	<input type="checkbox"/> New set-up for pre-authorized payment <input type="checkbox"/> Change existing pre-authorized payment <input type="checkbox"/> Cancel pre-authorized payment as of _____	
Bank Account Information	<u>VOID CHEQUE IS REQUIRED FOR VERIFICATION PURPOSES</u>	
	Financial Institution Name	
	Branch Transit #	
	Bank #	
	Account #	
Authorization	<p>I understand that all the information supplied on this form will be kept confidential and does not permit OASSIS to have access to other banking information.</p> <p>Authorized Agency Signature: _____ Date: _____</p>	

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