

**Electronic Funds Transfer (EFT) Authorization
and Terms and Conditions
For Automatic Payment Setup with Young Associates**

AUTOMATIC EFT WITHDRAWALS

D I choose Automatic EFT withdrawals. I authorize Young Associates to initiate Automatic EFT withdrawals.

Organization Name _____

Contact Person _____

From the following bank account:

Financial Institution Number _____

Transit Number _____

Account Number _____

Account Type: D Individual D Business

Choose One: D Checking D Savings

JOHN SMITH
1234 Address Street NE
Salmon Arm BC V1E 0A0
(250) 999-9999

DATE 20 - 00 - 00
Y Y Y Y M M D D

PAY TO THE ORDER OF \$ 100 DOLLARS

MEMO

⑈001⑈ 12345⑈ 123⑈ 123456789⑈ ⑈

Cheque Number Transit Number Financial Institution Number Account Number

With this arrangement, Automatic EFT withdrawals will be deducted from my account on the date the invoice is due for the amount due. **I also understand and agree that the amounts and dates of the withdrawals are determined by the payment plan I selected and are not flexible.**

I certify that I am an owner or authorized signer for this account.

I authorize the financial institution where this account is held to honor the withdrawals.

I acknowledge it is my responsibility to have sufficient funds in this account to cover these withdrawals. I understand that any automatic withdrawal that is refused due to insufficient funds may be resubmitted at Young Associate's discretion.

If I choose to discontinue Automatic EFT withdrawals or change my account information, **I can do so by contacting Young Associates' Administrator at admin@youngassociates.ca.**

The written notice to discontinue EFT withdrawals or change account information must be given to Young Associates with enough advance notice that it provides two weeks to act on the request before the next withdrawal is made.

I have also read and agree to the Terms and Conditions that follow.

Name (please print)

E-mail address

Signature

Date

EFT TERMS AND CONDITIONS

Definitions

"We," "us" and "our" means the company authorized to make electronic withdrawals for insurance payments. "You," "your" and "yours" means the person or persons authorizing the electronic withdrawals for payments. "Automatic payments" ("EFT") means EFT withdrawals automatically being deducted from your designated account on the date the payment is due for the amount due, as specified on the invoice.

Service Provider

You authorize us to use a third party to make the authorized EFT withdrawals.

Application of Payments

1. Funds withdrawn will be applied only to the designated invoice.
2. You agree to have the funds in the designated account on the date you request the EFT withdrawal, whether or not the date falls on a business day. Note: It may take 3-5 business days for your account to reflect the payment.

Insufficient Funds

EFT withdrawals that are refused due to non-sufficient funds (NSF) may be resubmitted at our discretion.

Billing Notices

You are responsible for reviewing any invoices e-mailed to you.

Contact Us

You may call us during business hours at 416-923-8557. Or, you may write to us at: Young Associates, 203-675 King St. W., Toronto, ON, M5V 1M9.