OMERS

Pre-authorized debit form

Use this form to change your existing pre-authorized debit instructions (PAD) for your past service purchase.

By completing and signing this form, you authorize OMERS to withdraw the total monthly payment for your service purchase from your bank account. Complete Sections 1 and 2. You must sign in Section 3 to authorize the payment.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to secure communications, start a new conversation, attach your files, and submit.

Important! Please allow at least 10 calendar days for OMERS to process the change in your payment instructions.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

SECTION 1 MEMBER INFORMATION

OMERS Membership Number*	Date of Birth (m/d/y)	Purchase Number
First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province	Postal Code

Phone	Email

**Your membership number appears on your Pension Report or any personalized statement from OMERS.*

SECTION 2 NEW ACCOUNT INFORMATION

Name of Bank				
Address		City	Province	Postal Code
Financial Institution Number	Transit Number	Account Number		

SECTION 3 MEMBER AUTHORIZATION

Please read the following statements, then sign on page 2 to authorize the payment.

- I understand that this change revokes any previous payment instructions I may have on file with OMERS for my past service purchase.
- I hereby authorize OMERS Administration Corporation to draw on my account, specified above, with my bank for the purpose of purchasing past service.
- I acknowledge that this authorization is provided for the benefit of OMERS Administration Corporation and my bank and is provided in consideration of my bank agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.
- I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization above and certify that all information with respect to the Account is accurate. I agree to notify OMERS of any change to this information promptly.
- I understand that this Authorization may be cancelled at any time by providing 30 days notice, in writing, to OMERS. I further understand that I can obtain a sample cancellation form or further information on my right to cancel this Authorization at my Bank or by visiting www.cdnpay.ca. I also understand that I have certain recourse rights if any debit does not comply with this Authorization. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my recourse rights, I understand that I may contact the Bank or visit www.cdnpay.ca.

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OMERS Membership Number

SECTION 3 MEMBER AUTHORIZATION cont'd

- I certify that all information with respect to my account is accurate and I agree to promptly give you notice of any change to this information.
- I acknowledge that I may dispute a PAD on the following conditions: (i) the PAD was not drawn from the Account in accordance with this Authorization; (ii) payments were drawn from the Account after this Authorization was revoked; or (iii) OMERS did not provide me with notice or confirmation as required by the rules of the Canadian Payments Association. In order to be reimbursed, I acknowledge that a declaration to the effect that either (i), (ii) or (iii) took place must be completed and the dispute must be presented to the Bank up to and including 10 business days after the date on which the PAD in dispute was posted to the Account. I further acknowledge that a dispute in respect of a PAD that is presented after 10 business days after the date on which the PAD in dispute was posted to the Account is a matter that shall be resolved between myself and OMERS.
- In order to be reimbursed, I acknowledge that a declaration to the effect that either i) or ii) took place and must be completed and the dispute must be presented to my bank up to and including 90 calendar days after the date on which the PAD in dispute was posted to my account.
- I understand that withdrawals will take place on the first business day of each month. I acknowledge that I will be notified at least 10 calendar days before the due date of the first withdrawal of the monthly amount. I understand that I will also be given at least 10 calendar days notice if there are any changes to the payment plan.
- I will ensure that funds are available to cover the amount of the debit. If any pre-authorized payment withdrawal is not paid by my financial institution when presented for payment, I understand that termination of my payment plan may occur. OMERS Administration Corporation is not liable for any additional charges incurred by the financial institution or OMERS Administration Corporation for any reason (e.g., account closed, NSF, etc.). Additional charges incurred by OMERS or my bank will be my responsibility and I agree to pay such charges.
- I understand that personal information contained on this form is collected under the authority of the OMERS Act, 2006, S.O. 2006, c. 2, s. 35 and will be used to provide services relating to automatic pre-authorized debit of my identified bank account for the purpose of administering the purchase of past service in the OMERS pension plan(s), and to verify the information provided and my entitlement to the service requested. OMERS may be required to share this information with OMERS bank and my bank. If you have any questions or comments regarding this agreement, please contact OMERS (see our contact information below).
- I acknowledge that these services are for personal use. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or consistent with this PAD agreement. More information on my recourse rights can be obtained by contacting my financial institution or visiting www.cdnpay.ca.

Member's Signature _____ Date (m/d/y) _____

Signature of Other Person(s) Required to Sign on the Account _____ Date (m/d/y) _____