



Please send completed form to:

**bClear benefits**

Suite 120 – 4401 Still Creek Drive  
Burnaby, BC V5C 6G9

**Easy Pay Form**

- New Pre-Authorized Payment Agreement
- Change Details on Existing Pre-Authorized Payment Agreement

- Group Insurance plan
- Atrium plan

**Account Holder(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Employee Benefits Account Number**

Account Number: \_\_\_\_\_ Division (if applicable): \_\_\_\_\_

**Financial Institution**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Account Information**

Branch ID	Institution	Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Specimen cheque marked "VOID" attached*

**Contact Information (Name and Title)**

\_\_\_\_\_

**Authorization**

By signing this agreement the Payor authorizes bClear benefits to withdraw amounts owed\*\* by initiating debit entries to the account at the Financial Institution listed above. Further, the Payor authorizes the Financial Institution to accept and to charge any debit entries initiated by bClear benefits to the account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*The amount owed will be withdrawn from your account, usually within the first business week of the month, according to the statement as produced through **bClear benefits** .